

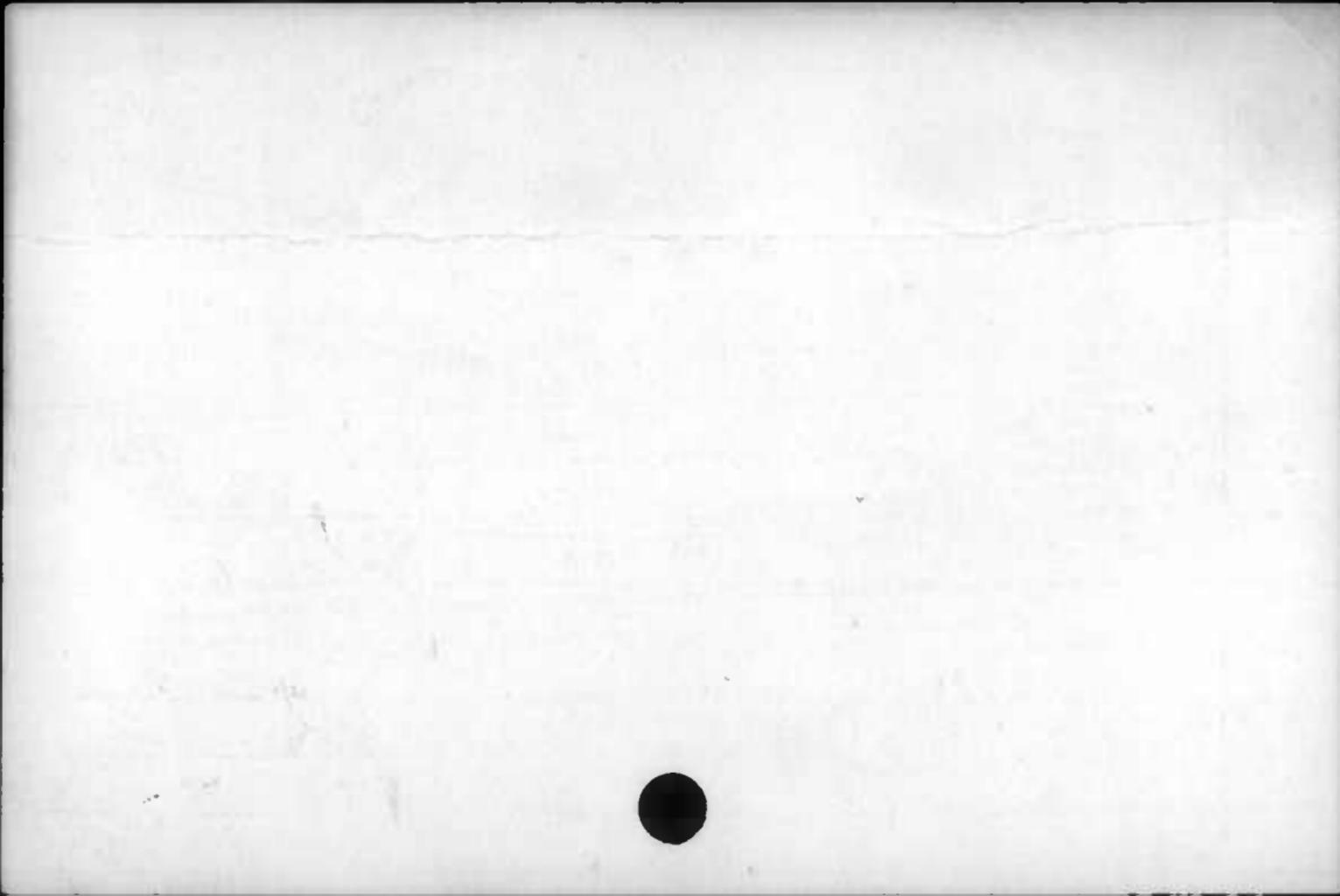
Name  
in  
Full

Addison

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	P. Co.		MARYLAND	
Date of death	1908	Month 8th	Day 30	Years	Months	Days
Sex	F	Color or Race	6	Birth-place Md.		
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name		Wm. H. Addison		Father's Birthplace S. C.		
Mother's Maiden Name		Hannie Johnson		Mother's Birthplace W. Va		
Name of person giving Information		Wm. H. Addison		How related to deceased Father		
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		Still birth		8 How long	
	Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?			Yes		Signature of Physician	W. W. Jones
					Address	Leamwood Hgts, P. O.
Accident or Suicide?						



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Westphalia</u>		P. Co.		County		MARYLAND		
Date of death <u>1908</u>	Month <u>June</u>	Day <u>13<sup>th</sup></u>	Age <u>6 yrs</u>	Years	Months	Days		
Sex <u>Male</u>	Color or Race <u>Colored</u>			Birth-place <u>Md</u>				
Occupation <u>None</u>			Where Reiding if not at place of dash					
Married, Single or Widewed <u>Single</u>	Name of Wife or Husband							
Father's Name <u>Willie Allen</u>			Father's Birthplace <u>Unknown</u>					
Mother's Maiden Name <u>Curry Odens</u>			Mother's Birthplace <u>Md.</u>					
Name of person giving Information <u>Wm. Odens</u>			How related to deceased <u>Step father</u>					

CAUSES OF DEATH

6

Primary

Measles

How long

2 wks

Immediate

Cold. no drs in attendance evidence  
of step father

How long

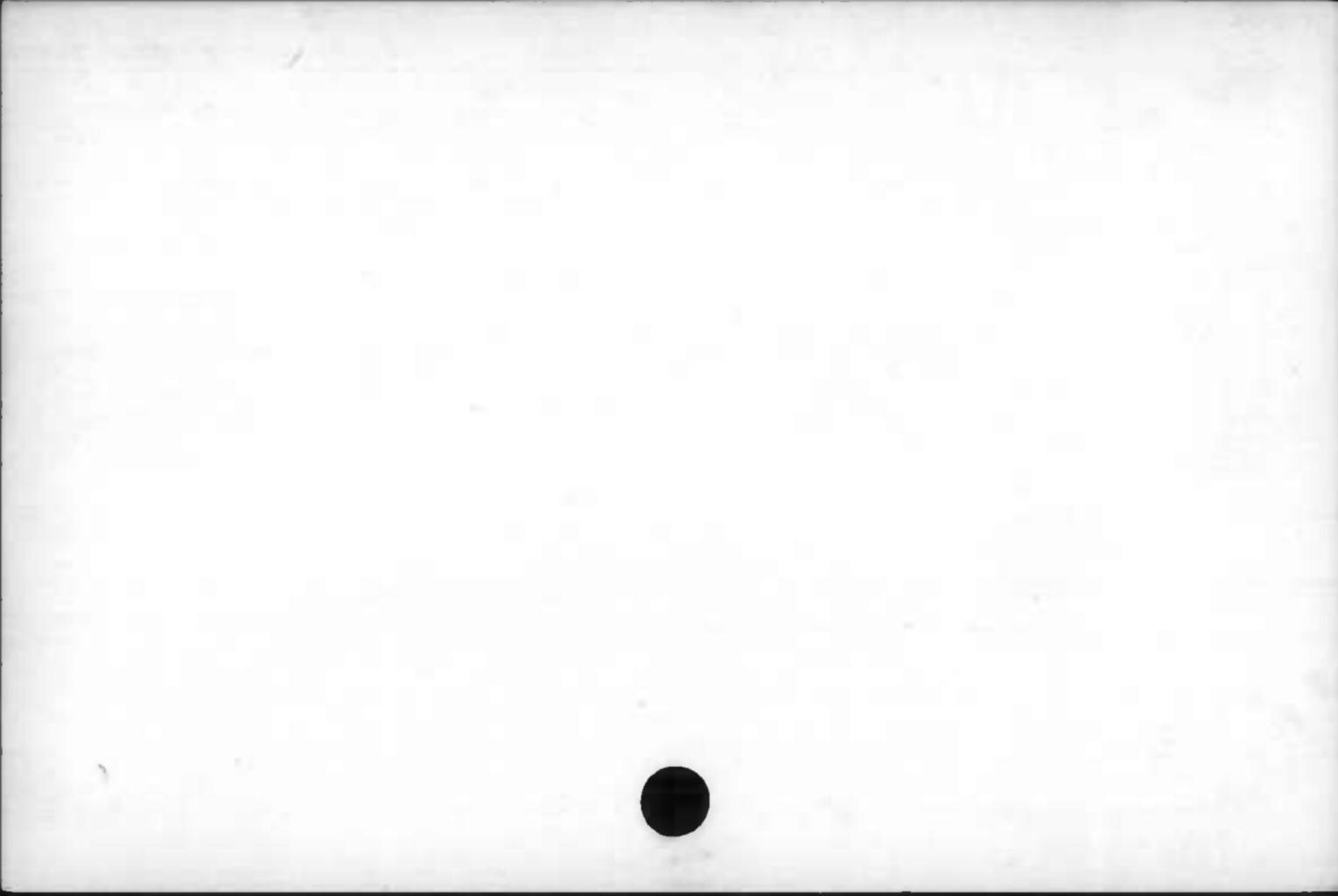
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Eliza J. Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	Princ George		County	MARYLAND		
Date of death	1908	Month Dec	Day 18	Years	Age 72	Months	Days	
Sex	female	Color or Race	white	Birth-place	Md.			
Occupation	house duties		Where Residing if not at place of death					
Married, Single or Widowed	married	Name of Wife or Husband	I. M. Baker					
Father's Name	I. S. Snell		—	Father's Birthplace	Md.			
Mother's Maiden Name	Eliza Snell		—	Mother's Birthplace	Md.			
Name of person giving Information	Harry D. Baker		—	How related to deceased	son.			

CAUSES OF DEATH

78

How long

How long

Primary

endocarditis

Immediate

syncope

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

3 M Brady  
Kenilworth, D.C.

Accident or Suicide?

W. Gardo and Co

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Ggy Barrett

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month 12	Day 25	Years 2	Months 11	Days —
Sex	Male	Color or Race	White	Birth-place	Md.	
Occupation	Child	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	James D. Barrett		Father's Birthplace		Md.	
Mother's Maiden Name	Emma F. Webster		Mother's Birthplace		Md.	
Name of person giving information	James Barrett		How related to deceased		Father	

CAUSES OF DEATH

9

Primary

Rubesola

How long

1 week

Immediate

Laryngeal Diphtheria

How long

2 days

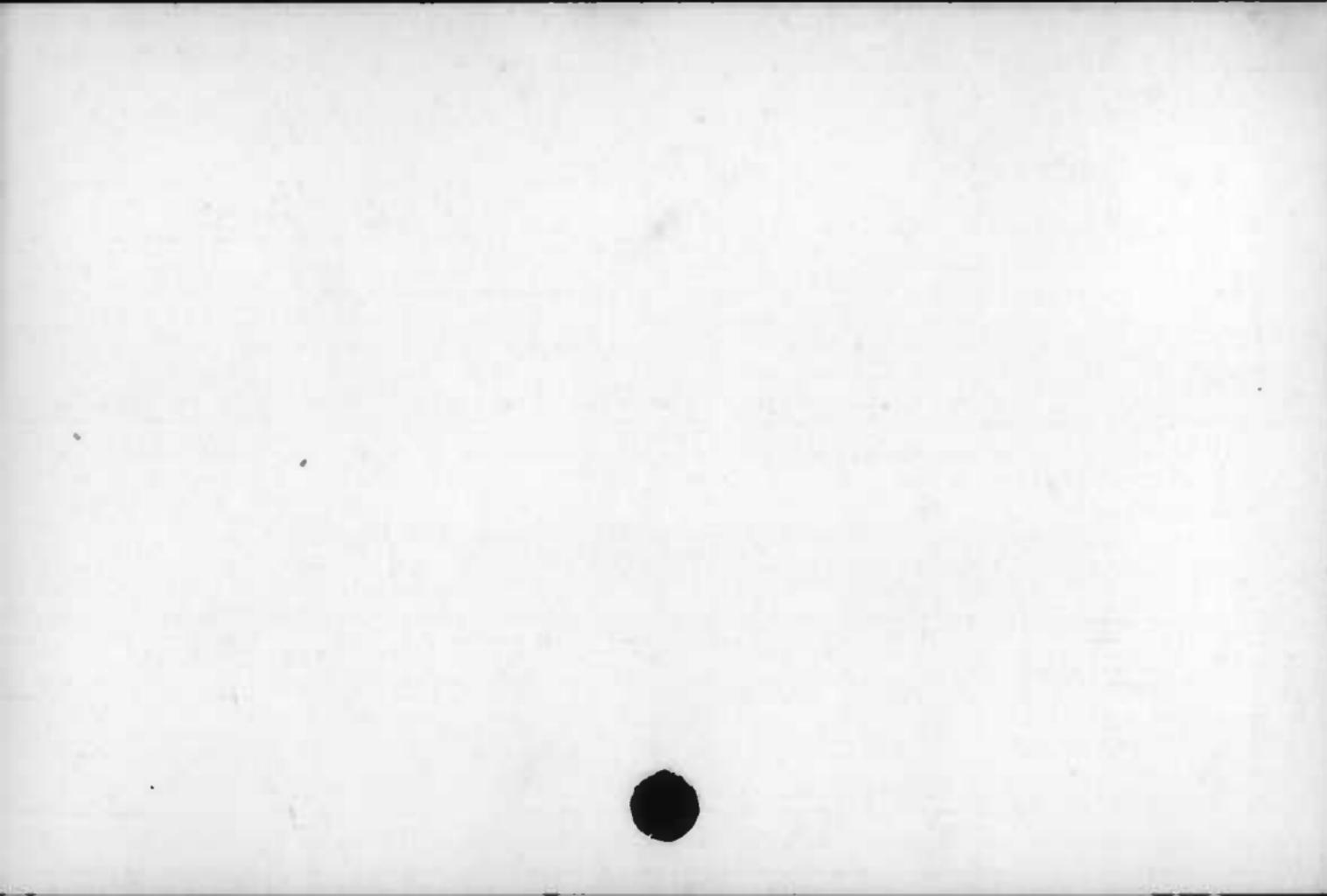
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. P. Simpson  
Rosedale Md.

Accident or Suicide?



Name  
in  
Full

Florence Teresa Bird

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County	MARYLAND		
Date of death	190	Month Dec	Day 22 <sup>nd</sup>	Years Ago 23	Months 3	Days
Sex	Female	Color or Race	white	Birth-place	New York	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Wm Bird				Father's Birthplace	Unknown
Mother's Maiden Name	Annie Lair				Mother's Birthplace	Unknown
Name of person giving Information	Presley Hollings				How related to deceased	Niece

CAUSES OF DEATH

27

Primary *Pulmonary tuberculosis*  
*both lungs*

How long

2 yrs

Immediate *Asthma*

How long

1 yr

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*S. J. Morris*  
*Fort Washington*  
*Md*

Accident or Suicide?



Name  
in  
Full

John Bolden

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Bowie		Town	County Md.		MARYLAND	
Date of death 1908 Dec	Month Dec	Day 9	Age 14	Years 14	Months -	Days -
Sex Male	Color or Race	Black		Birth- place Bowie Md.		
Occupation None	Where Residing if not at place of death					-
Married, Single or Widowed Single	Name of Wife or Husband		-			
Father's Name Major Baldwin	-			Father's Birthplace Md Co. Ind.		
Mother's Maiden Name Sarah A. Prant	Prant			Mother's Birthplace Md Co. Ind.		
Name of person giving Information Joseph Prant	-			How related to deceased Son	-	

CAUSES OF DEATH

27

How long

How long

PHYSICIAN  
OR CORONER

Primary

Rhthisis Pulmonalis

Immediate

Orthosia

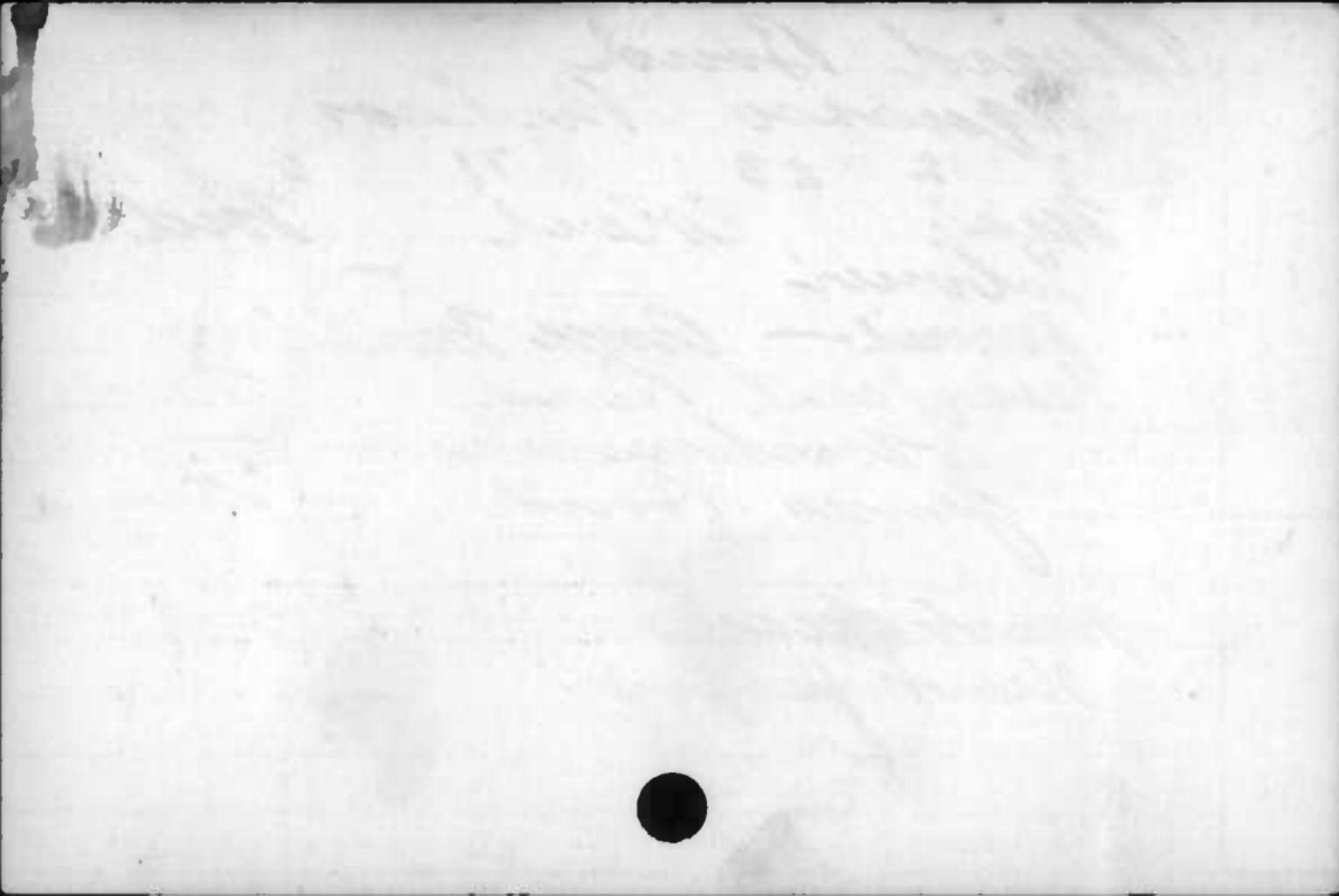
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. M. Drowall M.D.  
Springfield  
Md.

Accident or Suicide?

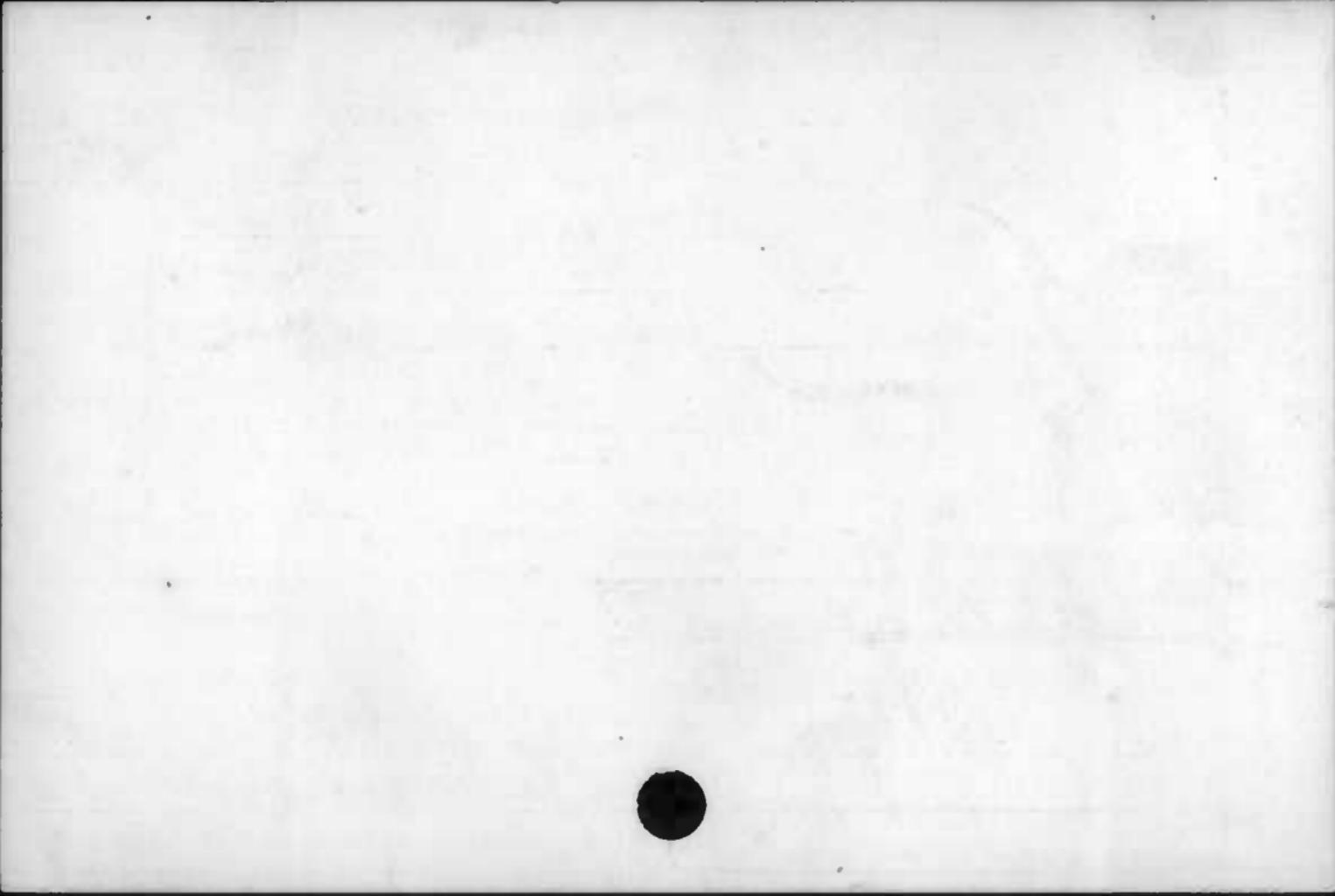


Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH						
Town		County		MARYLAND		
Died at	Aquiares		Pr. Roads	6	7	
Date of death 1908	Month 12	Day 23	Age 71	Years	Months	Days
Sex Male	Color or Race Colored	Birth-place Md				
Occupation Labourer	Where Residing if not at place of death —					
Married, Single or Widowed Married	Name of Wife or Husband Ann Maddox					
Father's Name Marshall Bond	Father's Birthplace Md					
Mother's Maiden Name Mrs. Bond	Mother's Birthplace —					
Name of person giving information James Bond	How related to deceased Son					
CAUSES OF DEATH						
Primary Heart disease				79	How long 3 yrs	
Immediate Heart failure				How long 4 hours		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
				Address		
Accident or Suicide? No				H. M. Bond		
				Aquiares		
				Md.		



Name  
in  
Full

Merle Bowie

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	P.G.		County	MARYLAND	
Date of death	1908	Month Oct	Day 26	Years 75	Age	Months	Days
Sex	Female	Color or Race	Blonde		Birth-place	Bed at home	
Occupation	House	Where Residing if not at place of death			Blonde		
Married, Single or Widowed	Name of Wife or Husband		Blonde Bowie			Bed at home	
Father's Name	Gault		Bed at home			Bed at home	
Mother's Maiden Name	Unknown		Bed at home			Bed at home	
Name of person giving information	Jerry Bruce		Bed at home			Bed at home	

CAUSES OF DEATH

154

Primary

Senile debility

How long

Years

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

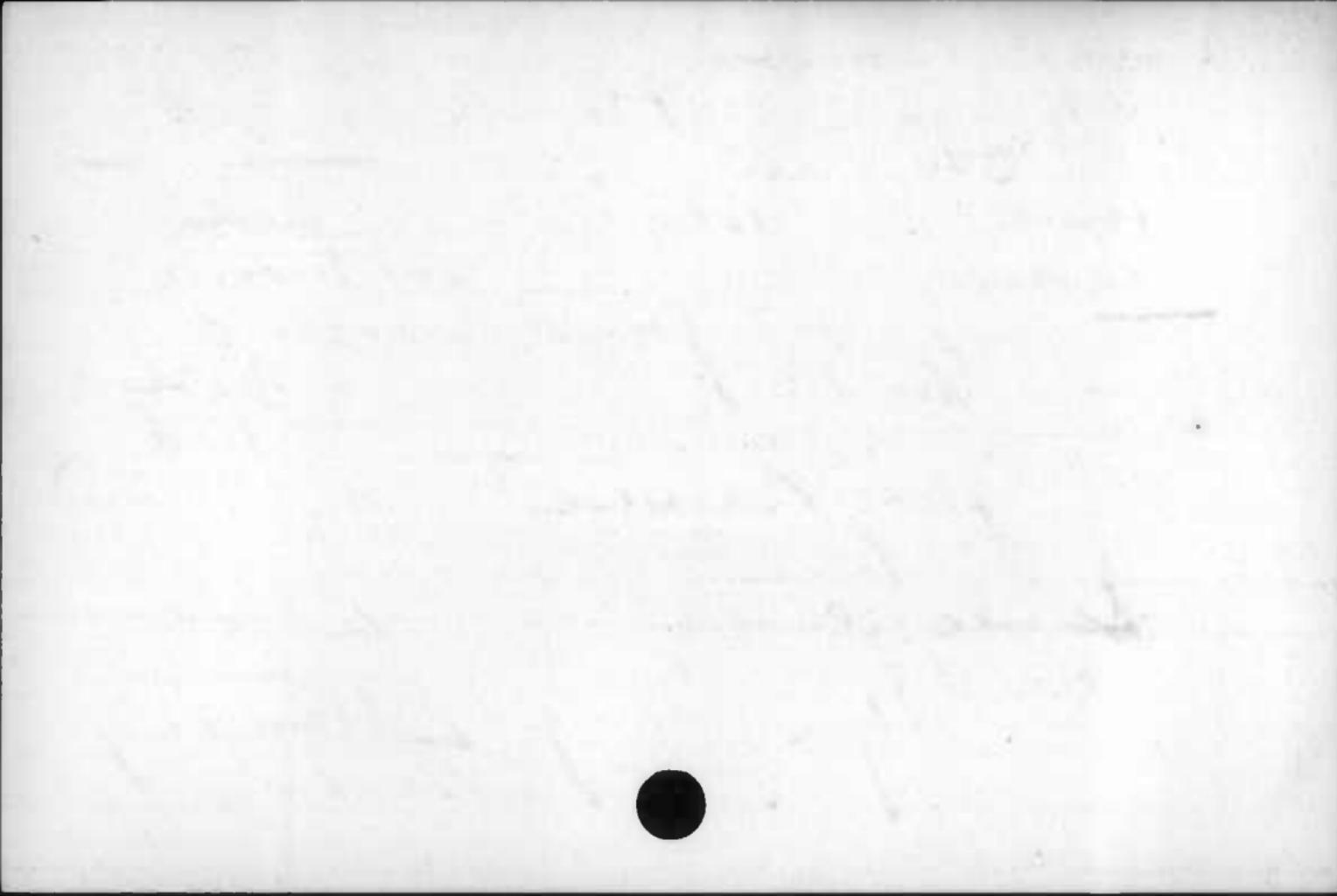
Signature of Physician

Address

J. L. Leaching  
Hamilton

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Leliam May Bryant

CERTIFICATE OF DEATH

MARYLAND

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

213.

Date  
of death

Month

Day

Years

Months

Days

1908 12

16

Age 9

1

Sex

Color or  
Race

Birth-  
place

Female

Colored

Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Singler

Name of Wife or  
Husband

Father's  
Name

William C. Bryant

Father's  
Birthplace

Md

Mother's  
Maiden Name

Amelia Windy

Mother's  
Birthplace

Md

Name of person giving  
Information

a. E. Bryant

How related  
to deceased

Mother

CAUSES OF DEATH

151

How long

How long

1 day

Primary

Immediate

Lack of vitality

Are the name, age, sex, color, date  
and place correctly given above?

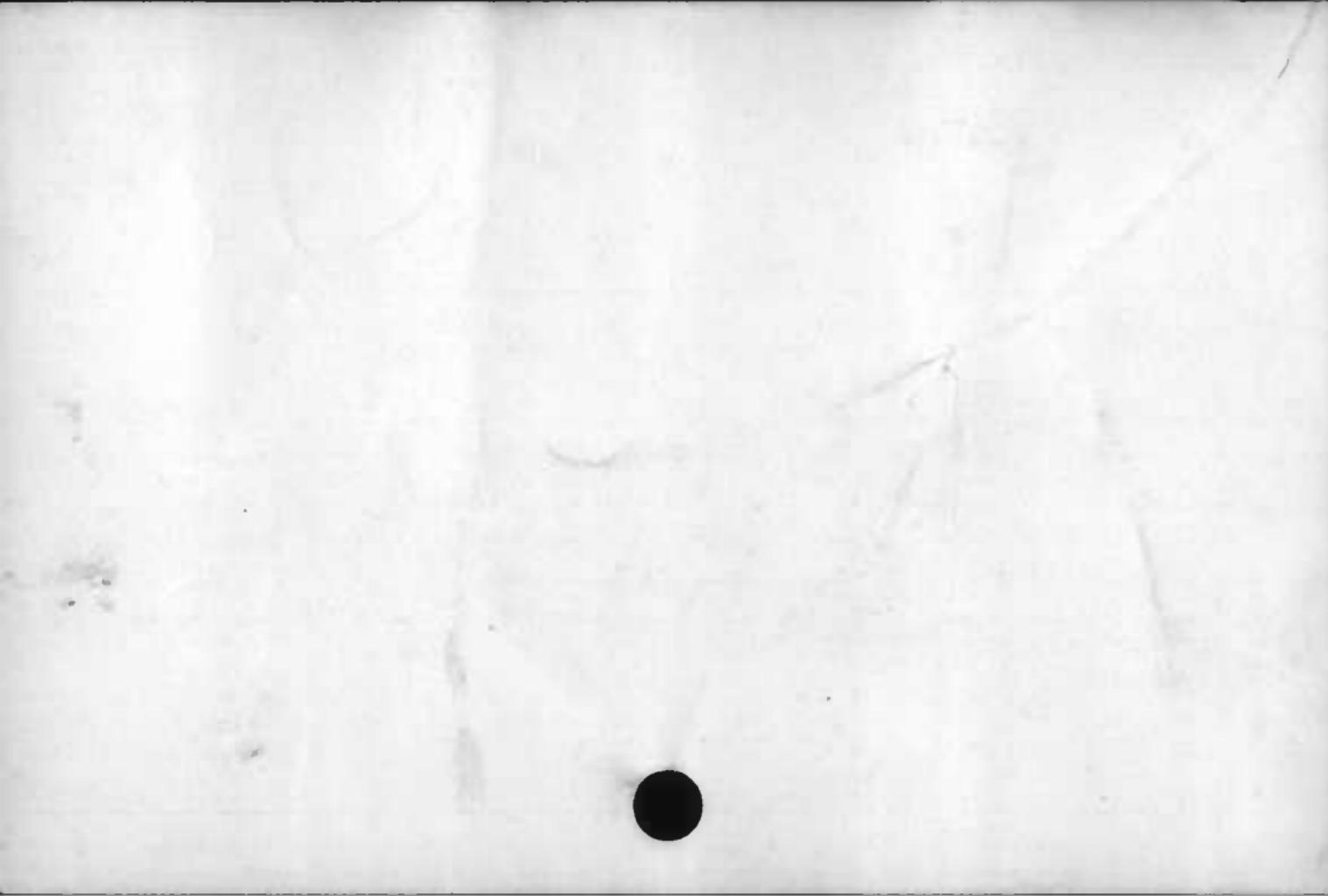
Signature of  
Physician

Address

John A. Cor  
213.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Elmer Ignatius Butler

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Croom	Prince Georges			
Date of death	Month	Day	Years	Months	Days
1908	Dec.	11	1	6	
Sex	Male	Color or Race	Colored	Birth-place	Prince Georges
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	John E. Butler	Father's Birthplace	p. g. co.		
Mother's Maiden Name	Julia Newman	Mother's Birthplace	p. g. co.		
Name of person giving information	Esther Butler	How related to deceased	Sister		

CAUSES OF DEATH

178

PHYSICIAN  
OR CORONER

Primary Uncertain, Sudden death

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

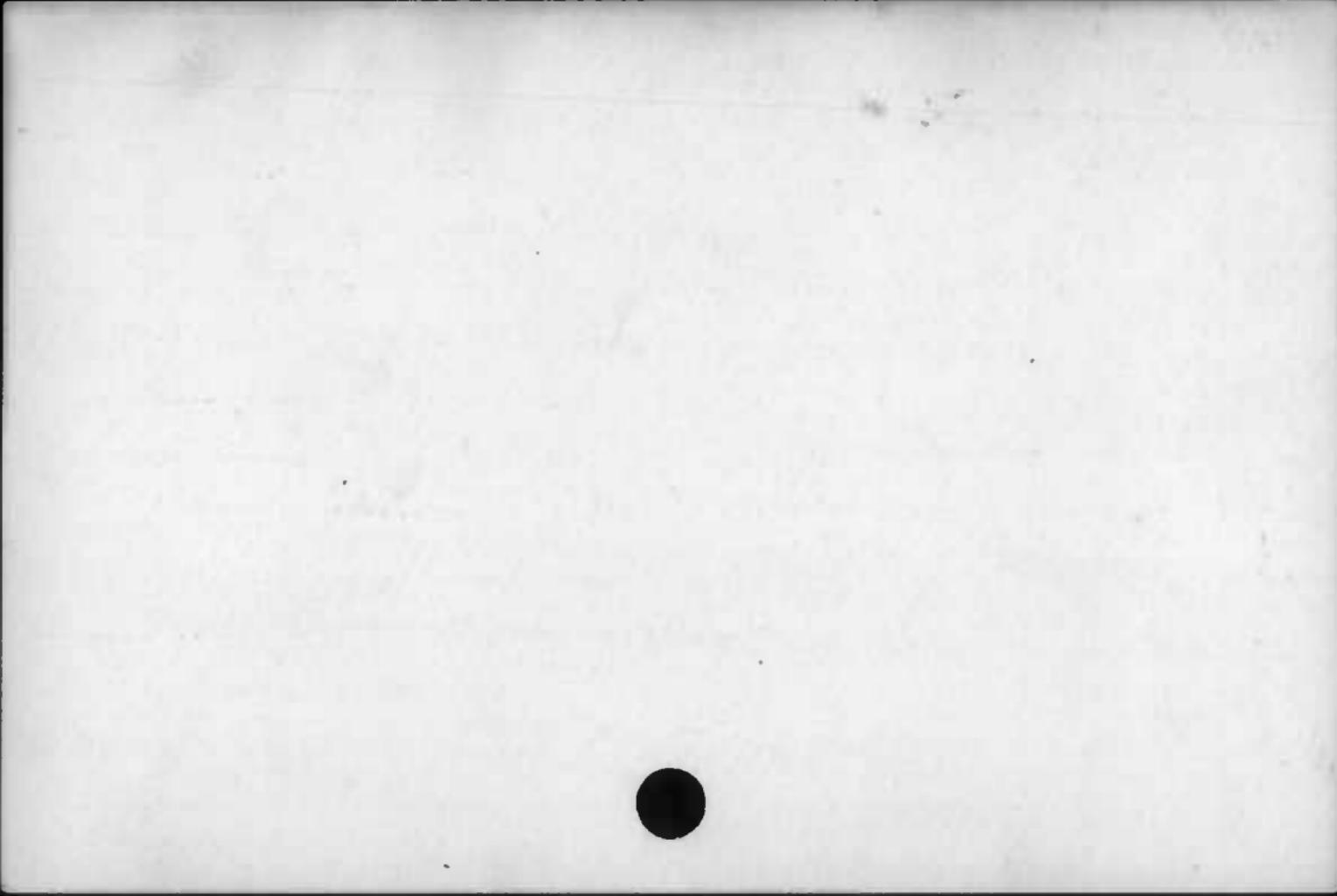
Yes

Signature of Physician

W. H. Gibbons  
Croom md

Address

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Cedarville		Po. & Grd				
Date of death	1908 12	Month 31	Day	Years 77	Months	Days
Sex	Male	Color or Race	Colored	Birth-place	Md.	
Occupation	Farmer		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	May Jane Butler			
Father's Name	Harry Butler		Father's Birthplace	Md.		
Mother's Maiden Name	Not Known		Mother's Birthplace	Not known		
Name of person giving Information	Thor. Butler		How related to deceased	Son		

CAUSES OF DEATH

142

Primary	Convulsions	How long	not known
Immediate	Exhaustion	How long	not known

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

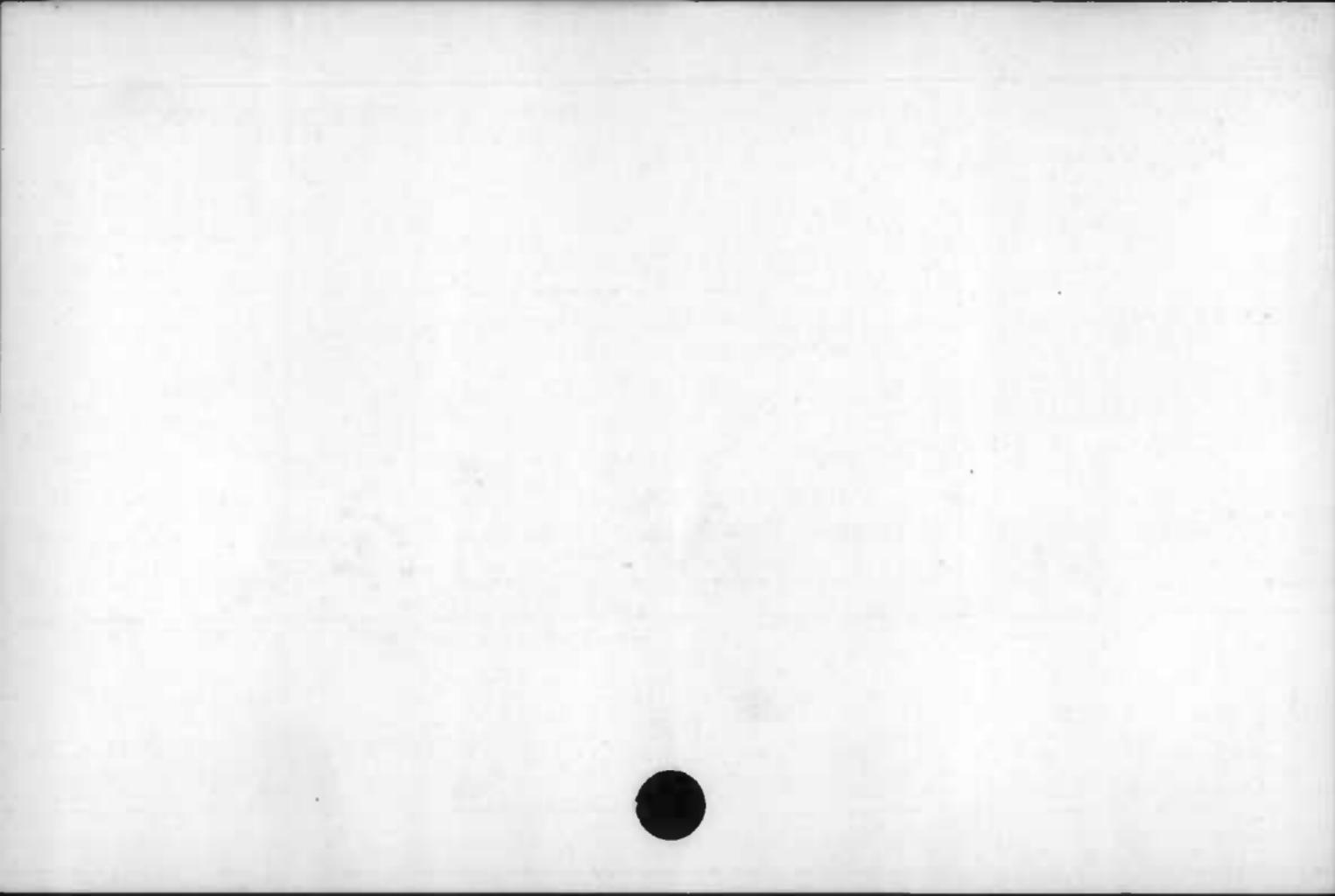
yes

Signature of Physician

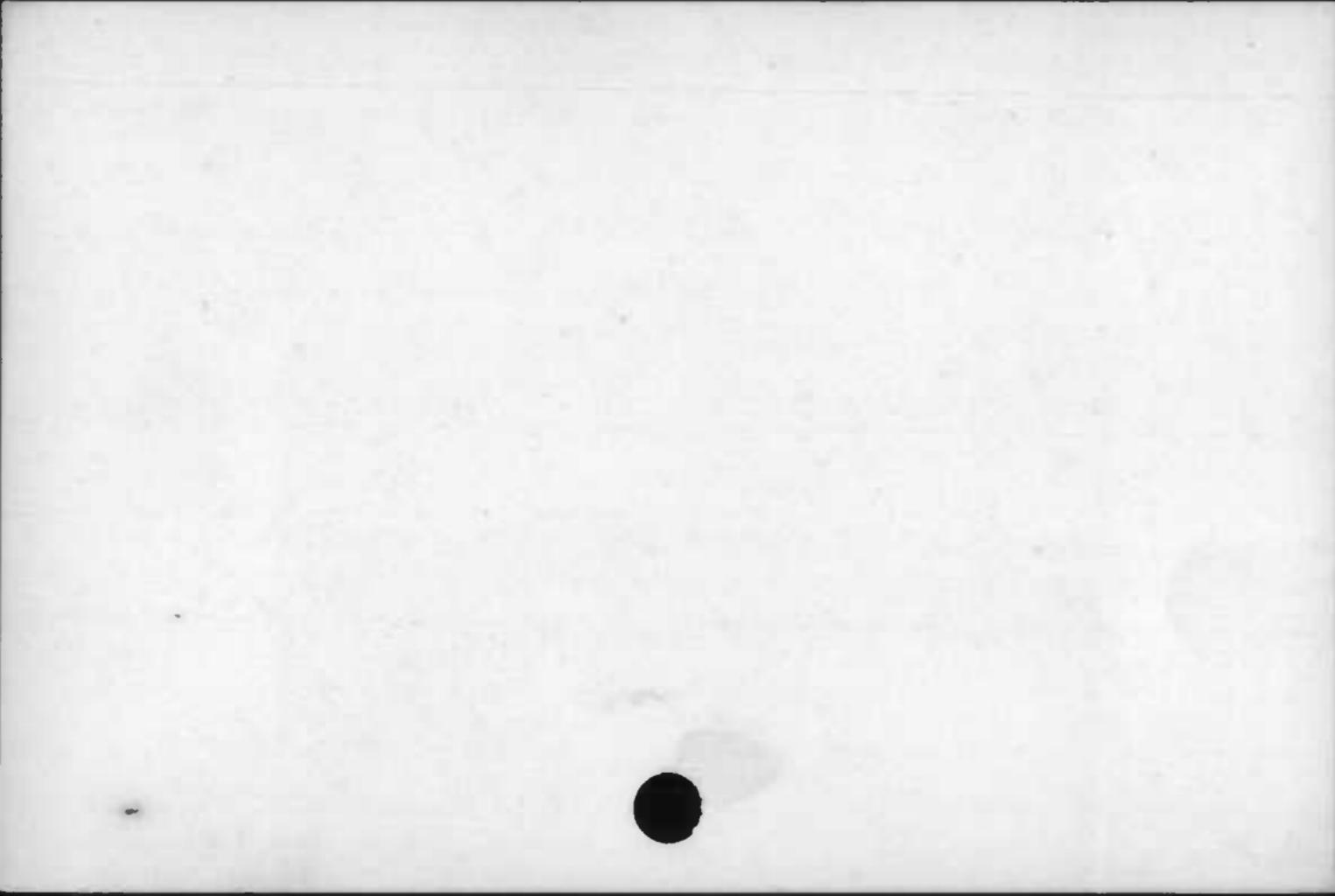
Address

John A. Cox  
J.B.

Accident or Suicide?



CERTIFICATE OF DEATH					
Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Munths	Days
1908	Dec	29	Age		3
Sex	male	Color or Race	colored	Birth-place	md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Ambrose Carroll				
Mother's Maiden Name	Rebecca Pinkney				
Name of person giving information	Ambrose Carroll				
CAUSES OF DEATH					
Primary	Unknown ✓				
Immediate					
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Address				
yes	Ernest W. Garner 179 St. Louis Coroner Northbks. 2nd.				
Accident or Suicide?					



Name  
in  
Full

Vincent V. Casbarina

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town Marlboro County St. S. Es.  
Died at Marlboro Month Dec Day 22 Year 1 Months 10 Days 10  
Date of death 1908 Sex Male Color or Race white Birth-place Tuxedo, N.Y.  
Occupation ~ Where Residing if not at place of death ~  
Married, Single or Widowed ~ Name of Wife or Husband ~  
Father's Name B. G. Casbarina Father's Birthplace Argentina  
Mother's Maiden Name Wifeyoung Mother's Birthplace Pa  
Name of person giving Information B. G. Casbarina How related to deceased Father

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

64

How long

6 hrs

Immediate

Are the name, age, sex, color, date and place correctly given above?

ju

Signature of Physician

Address

H. Griffith  
Upper Marlboro  
Md

Accident or Suicide



Name  
in  
Full

Annie H Castle

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1908	Dec	17	96	about	—	—	
Sex	Female	Color or Race	White		Williamsport Md		
Occupation	Widow		Where Residing if not at place of death		Hyattsville Md		
Married, Single or Widowed	Widow		Lanson Castle		Germany		
Father's Name	Bridget Dweitzer				Md		
Mother's Maiden Name	Bets (Mary)				Son		
Name of person giving information	Emanuel M Castle						

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary

Senility

How long

Several years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

as can be obtained

Signature of Physician

Address

C.W. Birdsell M.D.  
Hyattsville Md

Accident or Suicide?

no



Name  
in  
Full

David William Chamberlain

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Years	Months	Days
1908	Dec.	17	6	Buffalo
Sex	Color or Race	Age	Birth-place	New York
Male	white	62		
Occupation	Where Residing if not at place of death			
clerk				
Married, Single or Widowed	Married	Name of Wife or Husband		
		Ella Willis		
Father's Name	Johathan Chamberlain			
Mother's Maiden Name	Catherine Burns			
Name of person giving information	Clarence W Chamberlain			

CAUSES OF DEATH

32

How long  
about 40 years  
How long  
2 months

Primary  
Tuberculosis of hip

Immediate  
Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

R.A. Bennett.

Riverdale

Accident or Suicide?

No.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH					
Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1908	Dec	31 <sup>st</sup>	Age		
Sex	Male	Color or Race	Residence	Birth- place	Residence
Occupation	House	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James Clark				
Mother's Maiden Name	Lizzie Baker				
Name of person giving Information	Eugene Dyles				
CAUSES OF DEATH					
Primary	Miscarriage				
Immediate	8 days				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. L. Leavings		
		Address	Clinton		
Accident <input checked="" type="checkbox"/>					



Name  
in  
Full

Mary Coates

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Croon</u>		Town	County <u>Prince George's</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Dec.</u>	Day <u>30</u>	Age <u>25</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Prince George's Co</u>				
Occupation <u>Servant</u>	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>John Tolson</u>	Father's Birthplace <u>P. G. Co.</u>					
Mother's Maiden Name <u>Mary Coates</u>	Mother's Birthplace <u>P. G. Co.</u>					
Name of person giving Information <u>James Smith</u>	How related to deceased <u>Cousin</u>					

CAUSES OF DEATH

175

Primary

Stomach Overeating

How long

5 days

Immediate

supposed to be from bad beef or  
poor sausage

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

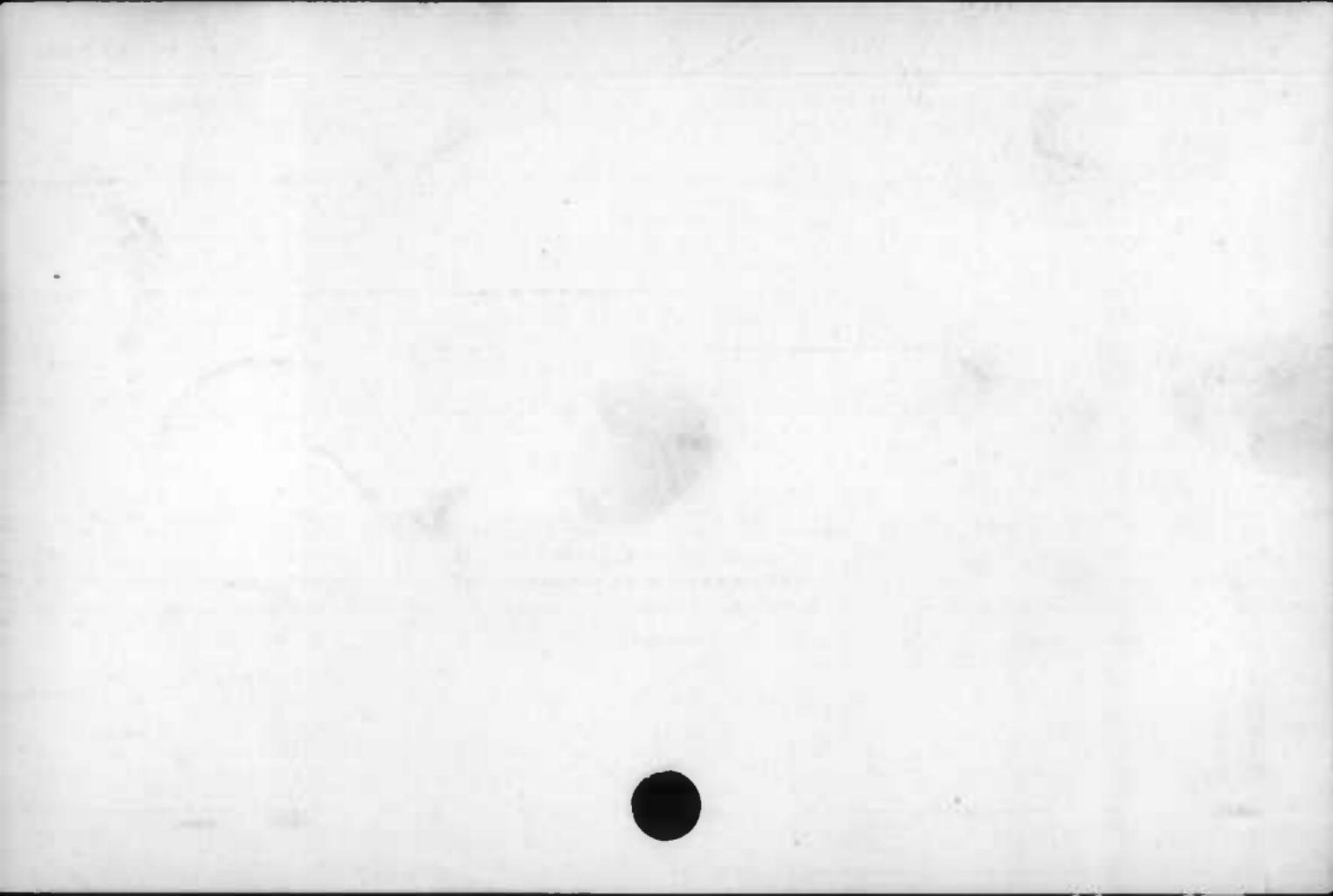
Signature of Physician

Address

W. H. Gibbons  
Crown Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Samuel Boate

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Upper Marlboro</u>		County <u>F. G.</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>12</u>	Day <u>8</u>	Age <u>—</u>	Years <u>—</u>	Months <u>1</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>P.G. Board</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>James Boate</u>	Father's Birthplace <u>G.G. Board</u>					
Mother's Maiden Name <u>Laura Gant</u>	Mother's Birthplace <u>P.G. Board</u>					
Name of person giving information <u>James Boates</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

179

Primary

Don't Know

How long

Don't Know

Immediate

..

..

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

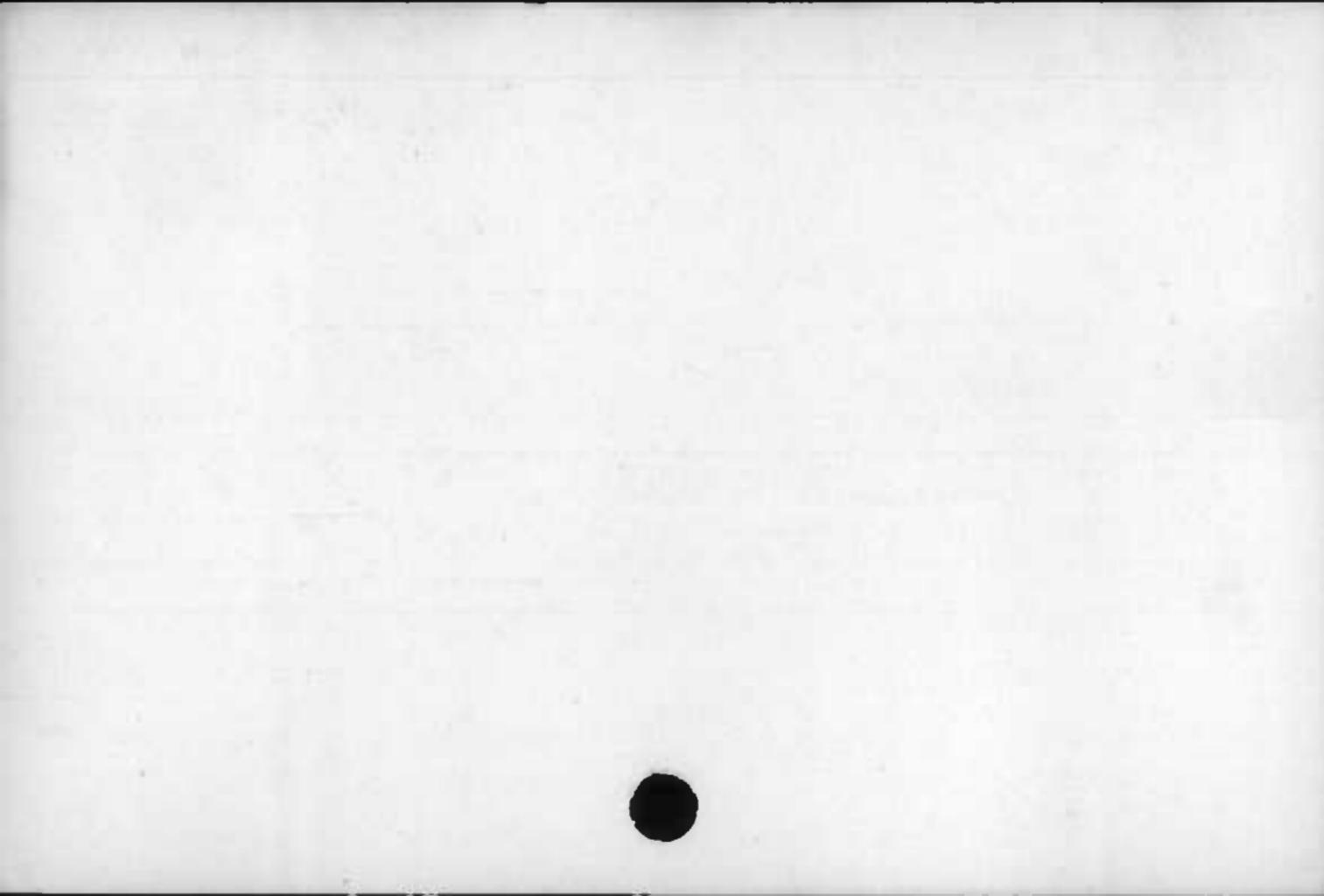
Signature of Physician

Address

R. Ernest Smith, M.D., Register  
Upper Marlboro Board

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at

Town

Chloe Ann Craig

County

Baltimore

MARYLAND

Date  
of death

Month

Day

Years

1908 Dec 17

Age

69

Months

4

Days

3

Sex

Female

Color or  
Race

Colored

Birth-  
place

Tid

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of  
Husband

Abraham Craig

Father's  
Birthplace

Father's  
Name

Unknown

-

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

-

Name of person giving  
Information

Caleb Estep

How related  
to deceased

None

CAUSES OF DEATH

93

How long

Primary

Pneumonia

10 days

Immediate

Organic heart disease

3 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

H. M. Brown

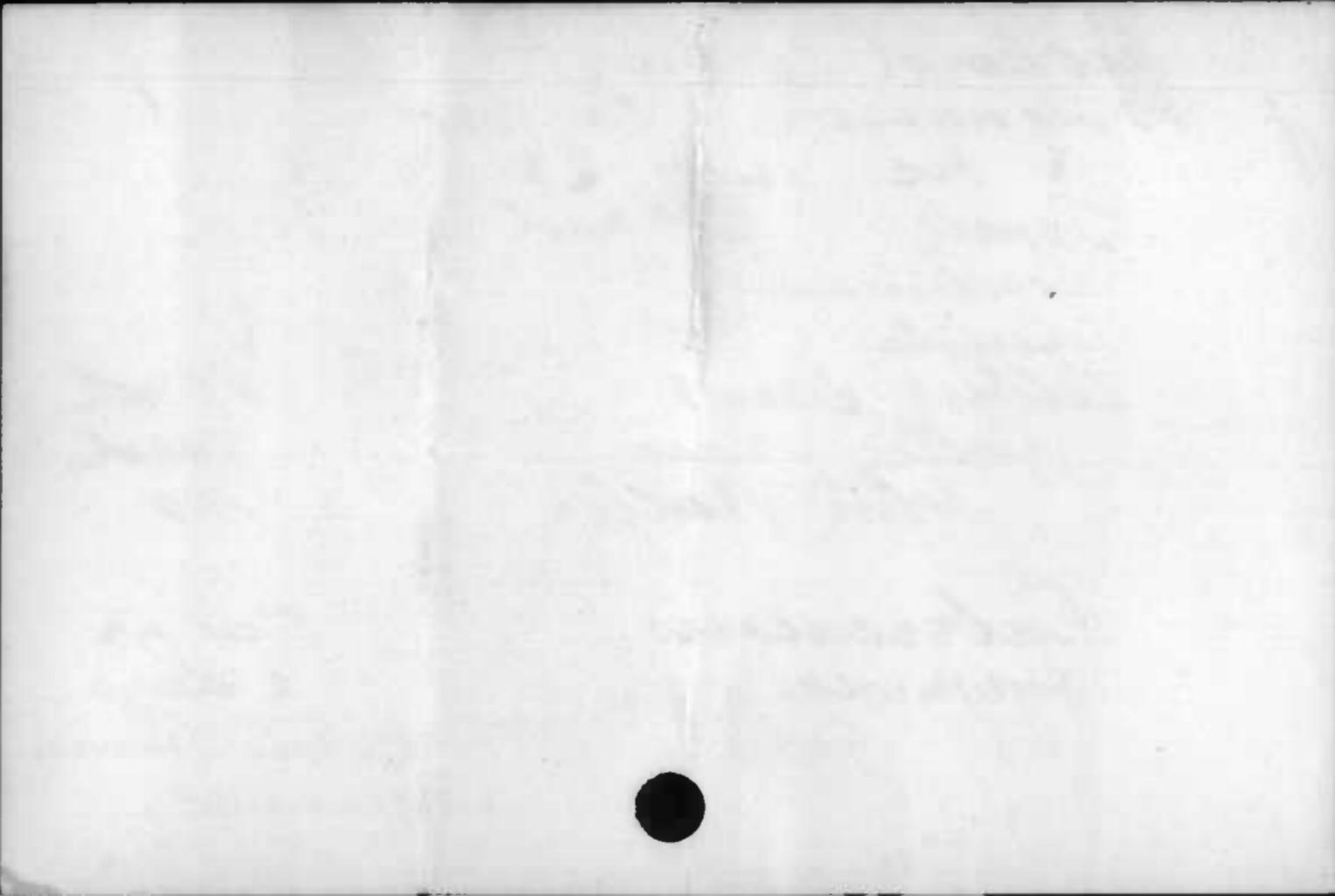
Address

Aquasco  
Tid

PHYSICIAN  
OR CORONER

Accident or Suicide?

No



Name  
in  
Full

Richard Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1908

Dec 12

Age 28

6

4

Sex

Color or  
Race

Colored

Birth-  
place

Md

Occupation

Coachman

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Albert Gray

Father's  
Birthplace

Md

Mother's  
Maiden Name

Sallie Gray

Mother's  
Birthplace

Md

Name of person giving  
Information

John Boller

How related  
to deceased

No

CAUSES OF DEATH

27

How long

One yr.

How long

2 days

Primary

Tuberculosis

Immediate

Dyspnoea

Signature of  
Physician

Address

Wm. T. Brown

Aquasco

Md

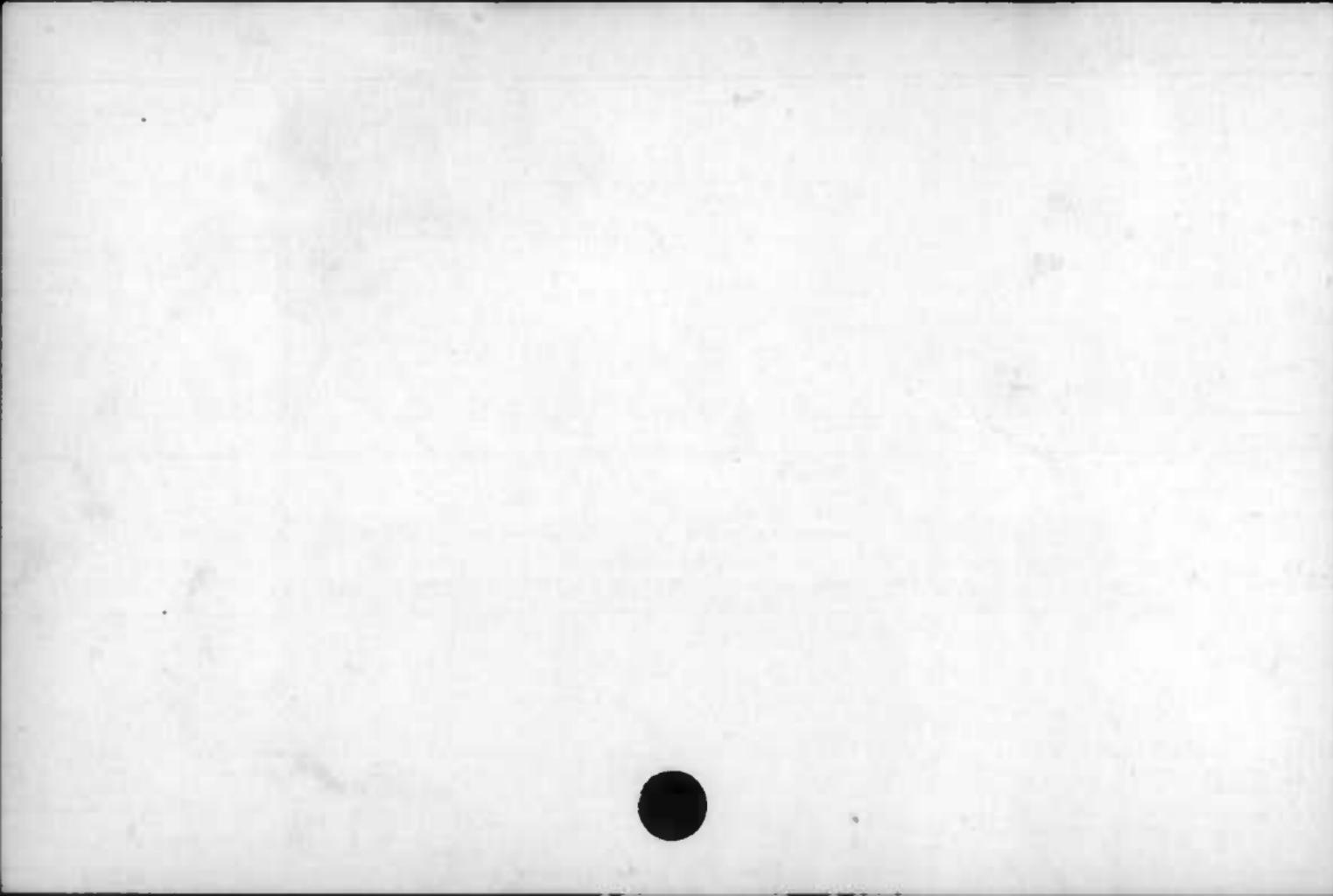
PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Accident or Suicide?

No.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mrs Anna A. Dall.

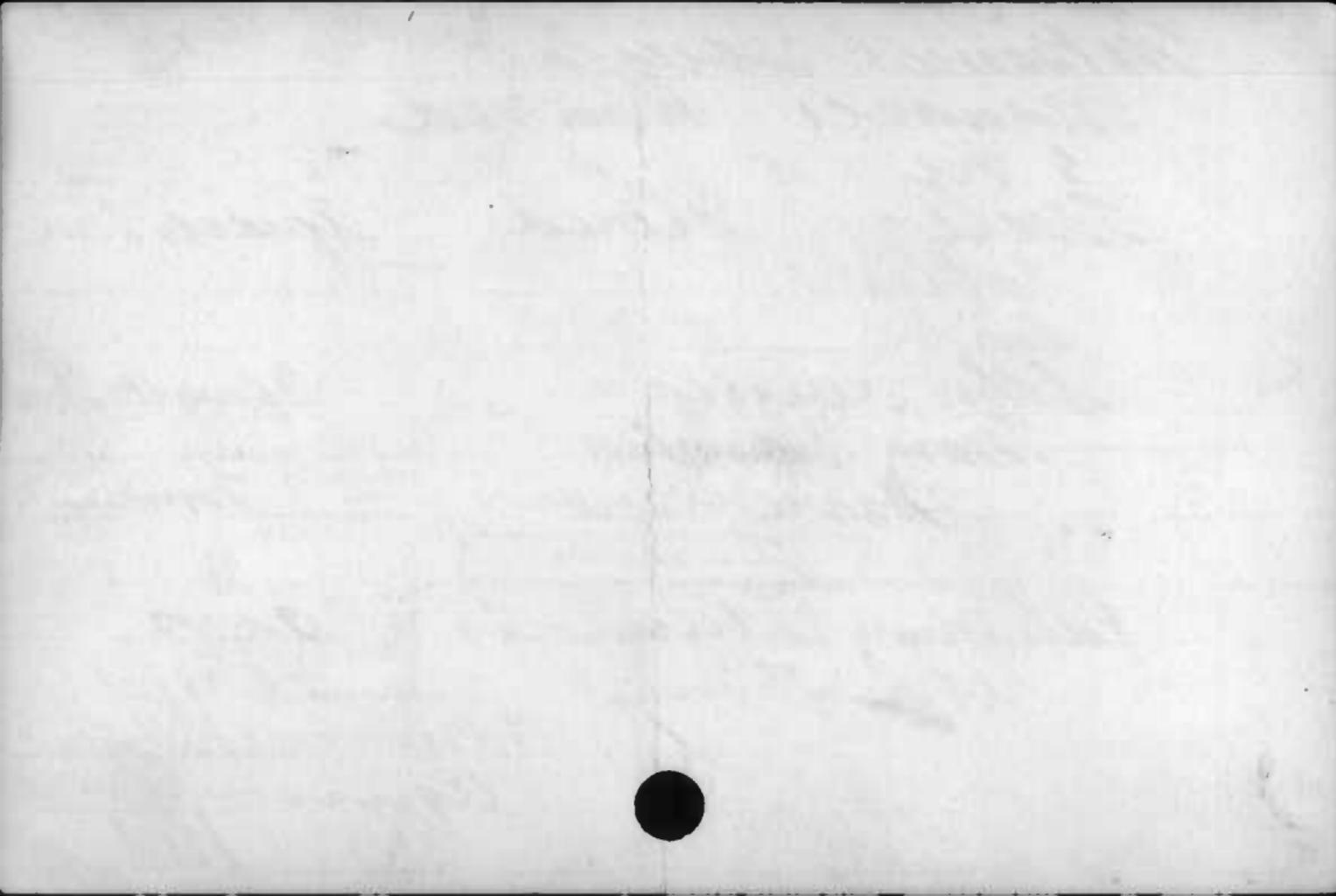
CERTIFICATE OF DEATH

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Sex	Color or Race		Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	at home				
Father's Name	Edw. C. Agnew.			Father's Birth-place	Scotland	
Mother's Maiden Name	Anna. M. Dall.			Mother's Birthplace	Scotland	
Name of person giving information	Husband.			How related to deceased	Husband.	

CAUSES OF DEATH

104

Primary	Acute Indigestion		How long	Short-few hr.
Immediate	Heart-failure		How long	Short.
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	R.A. Bennett.
			Address	Riverdale
Accident or Suicide?		Ind.		



Name  
In  
Full

Nathaniel Douglas.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month 8	Day 5	Years 41	Months 6	Days 2
Sex Male	Color or Race Colored	Birth-place Aquasco Md			
Occupation Labourer	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name John Douglas	Father's Birthplace Aquasco Md				
Mother's Maiden Name Mary Douglas	Mother's Birthplace				
Name of person giving Information Harry Davis	How related to deceased	None			

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

How long

3 yrs

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, & place correctly given above?

Yes

Signature of Physician

Address

W. Norton Bowen

Aquasco

Md.

Accident or Suicide?





Name  
in  
Full

Jacob John Fink

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Berwyn Town Piney Woods County  
Date of death 1905 Dec Month 22 Day Years 76 Age Months 6 Days  
Sex Male Color or Race White Birth-place Germany  
Occupation Mechanic Where Residing if not at place of death  
Married, Single or Widowed Married Name of Wife or Husband First wife Rachael Ademar  
Second wife Margaret A. Clark  
Father's Name John Cooper Fink Father's Birthplace Germany  
Mother's Maiden Name Prout Mother's Birthplace "  
Name of person giving Information Mrs. Blanch Reau How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Acute nephritis

119

How long about 2 weeks

Immediate

uremia

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

It is

Signature of Physician

Address

C. A. Fox  
Bellmore New

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Catherine T. Griske

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908	Month 11	Day 4	Age 5 days	Months	Days	
Sex	Female	Color or Race	white		Birth-place	MD	
Occupation	Where Residing if not at place of death		✓				
Married, Single or Widowed	Name of Wife or Husband		✓				
Father's Name	Mr. Vernon Griske		Father's Birthplace		PA		
Mother's Maiden Name	Rebecca D. Carroll		Mother's Birthplace		MD		
Name of person giving information	Mr. Vernon Griske		How related to deceased		Brother		

CAUSES OF DEATH

150

Primary	Heart Disease	How long	5 days
Immediate	Syncope	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John H. Latimer
		Address	Hospital Hyattsville
Accident or Suicide?			

For change of month see birth certificate  
under date of November 29, 1908

BUREAU OF VITAL STATISTICS

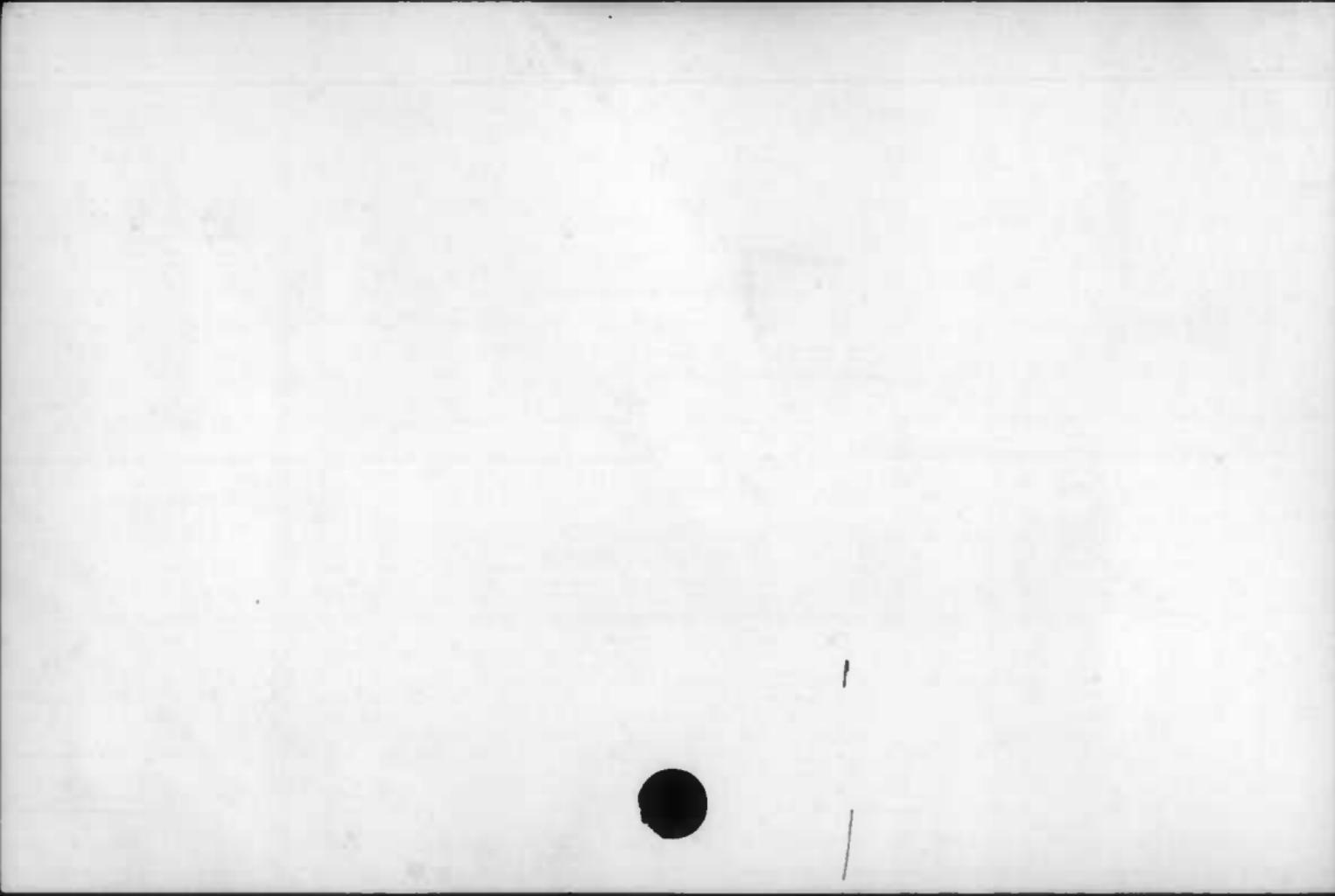
Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*✓*

CERTIFICATE OF DEATH				
Died at <i>Upper Warebow</i>		Town <i>D. Leon</i>	County <i>D. Leon</i>	MARYLAND
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>4</i>	Years <i>1</i>	Months <i>7</i>
Sex <i>Male</i>	Color or Race <i>white</i>	Age <i>1</i>	Birth-place <i>Upper Warebow</i>	Days
Occupation <i>-</i>	Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>-</i>	Name of Wife or Husband <i>-</i>	Father's Name <i>R. E. Ford</i>	Father's Birthplace <i>A. A. Co.</i>	Mother's Maiden Name <i>Rogers</i>
Mother's Maiden Name <i>Rogers</i>	Father's Birthplace <i>A. A. Co.</i>	Name of person giving information <i>R. E. Ford</i>	Mother's Birthplace <i>A. A. Co.</i>	How related to deceased <i>Father</i>
CAUSES OF DEATH				
Primary <i>Pneumonia</i>	How long <i>93</i>			
Immediate <i>-</i>	How long <i>5 dys</i>			
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. Griffith</i>			
<i>yes</i>	Address <i>Upper Warebow</i>			
Accident or Suicide?	<i>" Ned</i>			



Name  
in  
Full

Sarah Lewis Dry

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	Pr. Co.	County	MARYLAND	
Date of death	1908	Month 12	Day 29	Age 77	Years	Months
Sex	Female	Color or Race	White	Birth-place	Days	
Occupation	House work		Where Residing if not at place of death	—		
Married, Single or Widowed	Name of Wife or Husband		Alma Dry	—		
Father's Name	A. St. Clair Heiskell		Father's Birthplace	Va		
Mother's Maiden Name	Sarah Lewis		Mother's Birthplace	Va		
Name of person giving information	James Heiskell		How related to deceased	Nephew		

CAUSES OF DEATH

42

PHYSICIAN  
OR CORONER

Primary

Uterine Carcinooma

Hour long

4 mo

Immediate

Exsanguination

How long

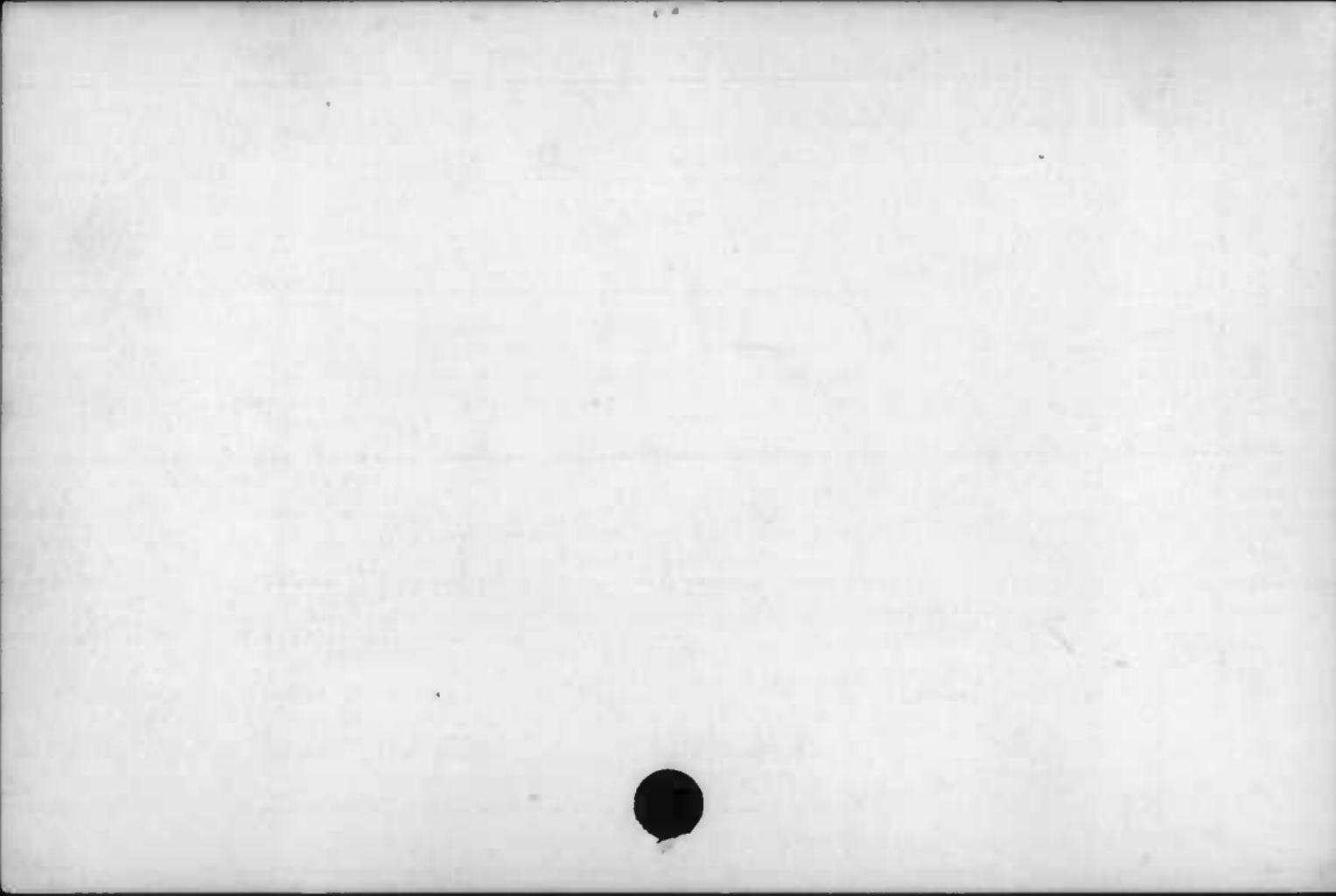
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. P. Simpson  
Hoolecroft, Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Charles J. Fuller

CERTIFICATE OF DEATH

Died at <u>Int. of Rainier</u>		County <u>Prince George's</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>12</u>	Day <u>25</u>	Years <u>37</u>	Months <u>"</u>	Days <u>12</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Washington D.C.</u>				
Occupation <u>Cookman</u>		Where Residing if not at place of death <u>Washington D.C.</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>E. E. Fuller</u>	Father's Birthplace <u>N. Y.</u>					
Mother's Maiden Name <u>Jennie Travers</u>	Mother's Birthplace <u>N. Y.</u>					
Name of person giving Information <u>Lottie Schur</u>	How related to deceased <u>Sister</u>					

CAUSES OF DEATH

27

How long

5 mos

How long

12 hours

Primary

Pulmonary Tuberculosis

Immediate

Pulmonary Hemorrhage

Are the name, age, sex, color, date and place correctly given above?

Yes

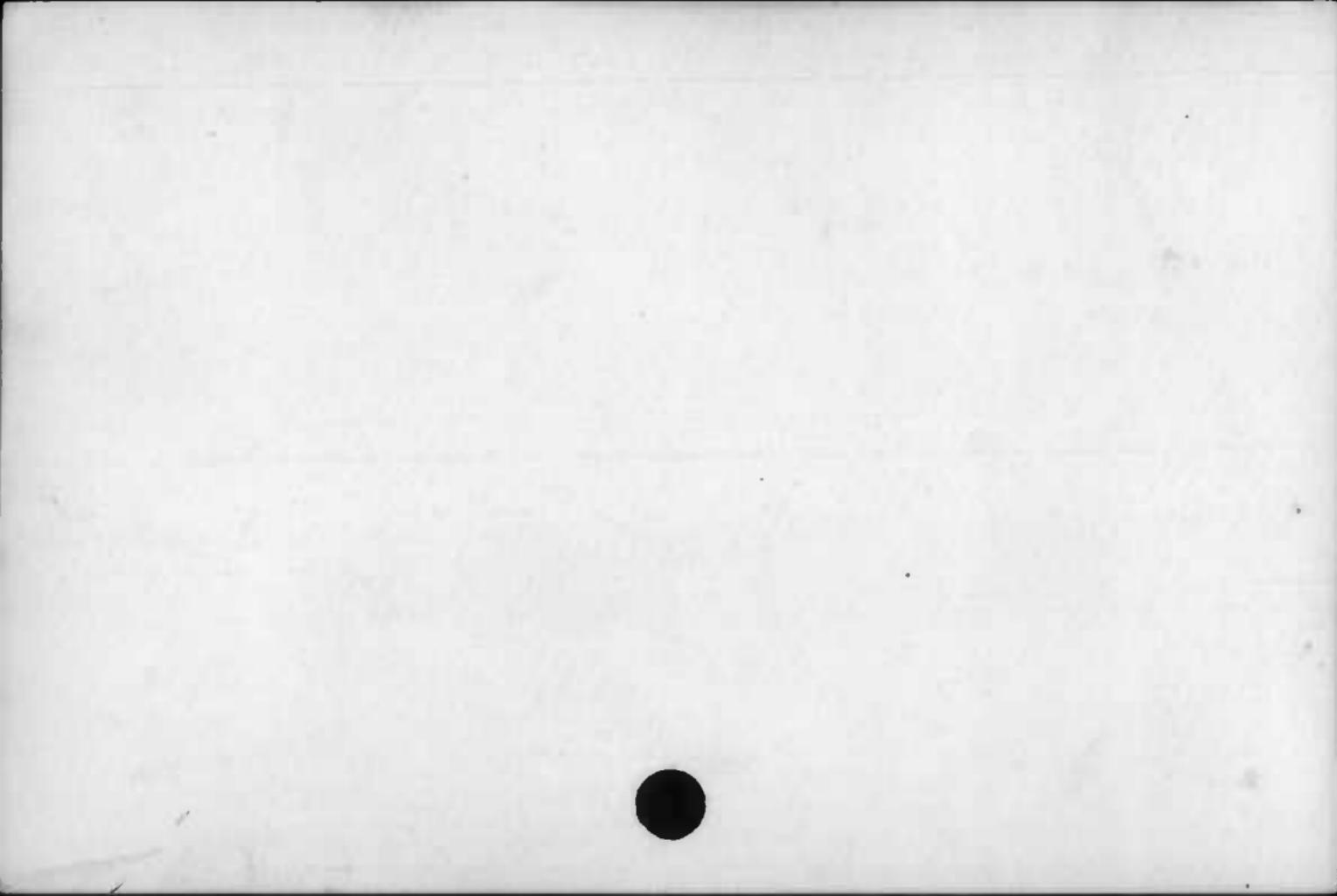
Signature of Physician

Harry Kelley M. D.

Address

111 Rainier Rd

Accident or Suicide?



Name  
in  
Full

Lucindriella Gault

CERTIFICATE OF DEATH

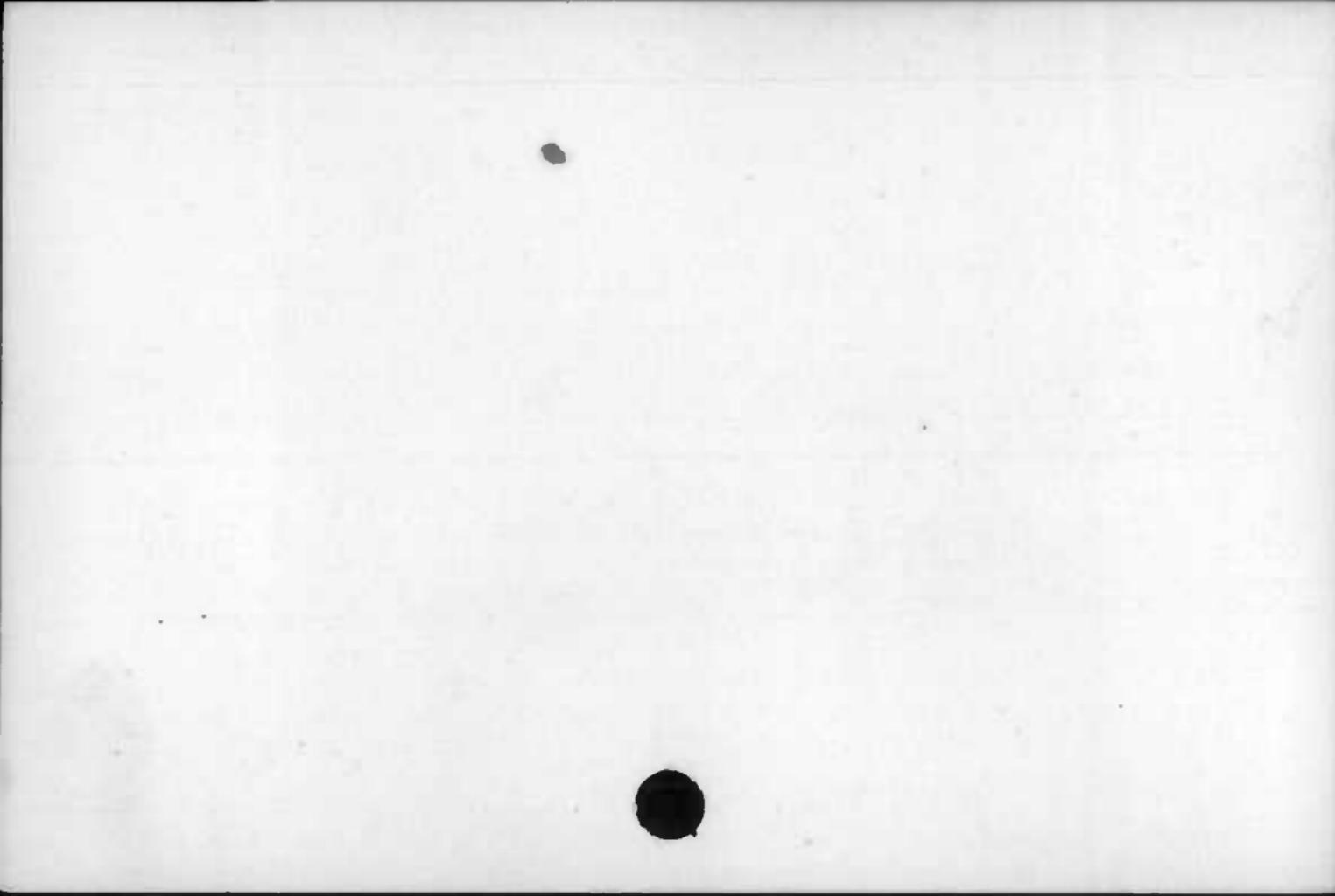
To BE ANSWERED BY  
NEAREST FRIEND

Died at Upper Marlboro		Town	County	MARYLAND	
Date of death	1908	Month 12	Day 14	Age	Years 11 Months 11 Days 18
Sex Female	Occupation	Color or Race	Black	Birth-place	P.G. Co Md
Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John William Gault		Father's Birthplace	P.G. Co Md	
Mother's Maiden Name	Barrie Jackson		Mother's Birthplace	P.G. Co Md	
Name of person giving information	John Wm Gault		How related to deceased	Father	
CAUSES OF DEATH					
Primary	Don't know (measles)		How long	2 weeks	
Immediate	Don't know		How long	2 "	

8

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
The report her child had the measles at home		Address
Accident or Suicide?		Riverside Hospital Regular Upper Marlboro Md



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
1908	New Ulm	Brookhaven	
Date of death	Month	Day	Years
12	12	29	35
Sex	Color or Race	Age	Months
Female	White	35	—
Occupation	Where Residing if not at place of death	Birth-place	Days
Housework	—	—	—
Married, Single or Widowed	Name of Wife or Husband	George L. Gibbons	
James K. Wilson	Father's Name	Father's Birthplace	McL.
Mother's Maiden Name	Susan L. Gibbons	Mother's Birthplace	McL.
Name of person giving Information	Levinia Smith	How related to deceased	Sister

PHYSICIAN  
OR CORONER

Primary

Lobar pneumonia

93

How long

Immediate

Circulatory failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. P. Livingston M.D.  
Rockcroft M.D.

Accident or Suicide?



Name  
in  
Full

Mary Ellen Gracing

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Bowie	County Prince Georges	MARYLAND		
Date of death	Month 1908 Dec	Day 28	Years	Months	Days
Age	3	5			
Sex Female	Color or Race Colored	Birth- place Maryland			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name William J Gracing	Father's Birthplace Maryland				
Mother's Maiden Name Mary P Green	Mother's Birthplace Maryland				
Name of person giving Information Wm J Gracing	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Whooping Cough

8

How long

Three weeks

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

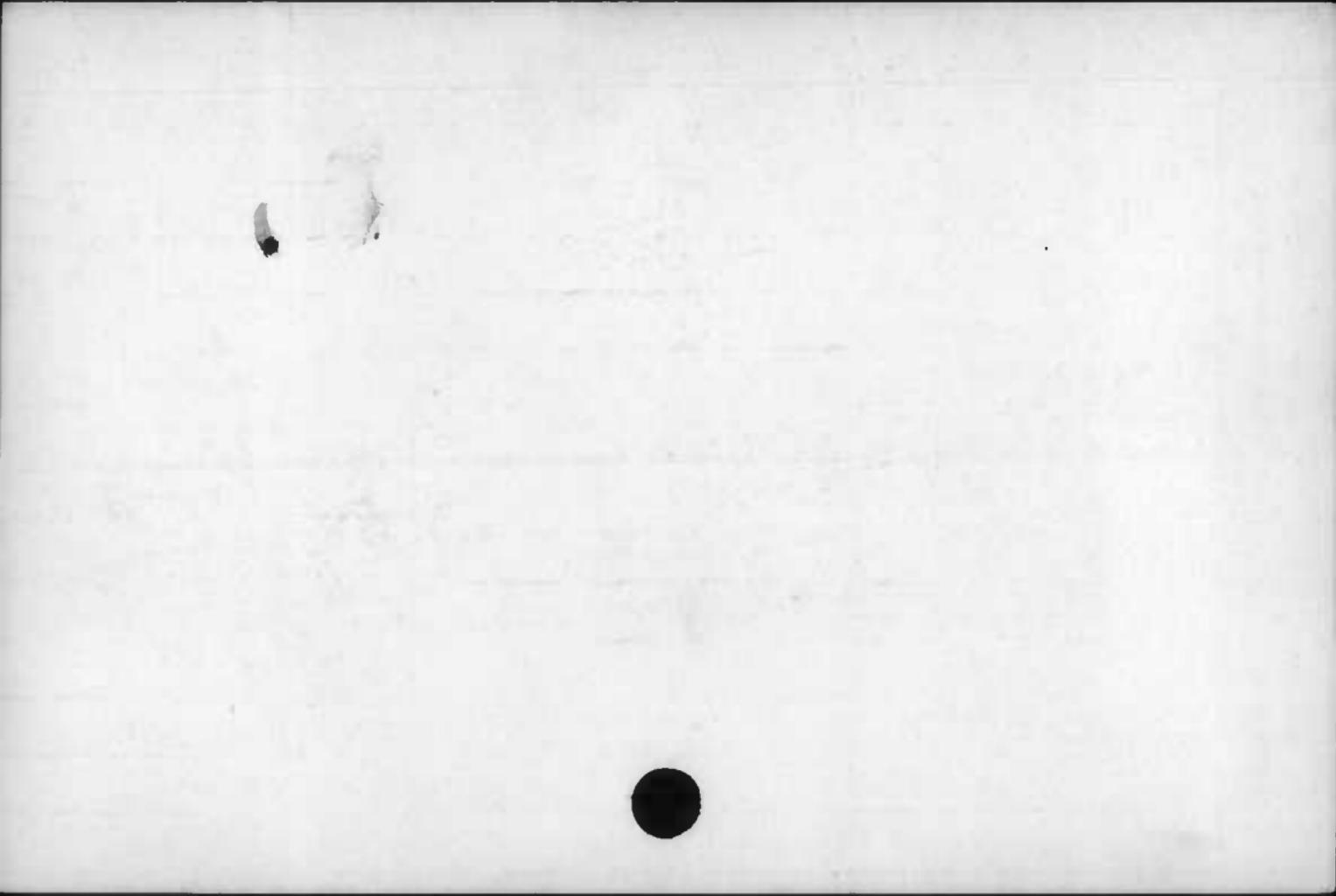
Address

Nelson A Ryan Esq

Bowie Esq

Accident or Suicide?

No



Name  
in  
Full

Dorothy N Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Seat Pleasant</u> <small>Town</small>		County <u>Baltimore Co.</u>		MARYLAND		
Date of death	1908	Month	12	Day	16	Years
Sex	Female	Age	60	Months	3	Days
Occupation	Color or Race		Black	Birth-place	Md	
Married, Single or Widowed	Name of Wife or Husband		Where Residing if not at place of death			
Father's Name	George Gross		Father's Birthplace			Md
Mother's Maiden Name	Mary Dutton		Mother's Birthplace			Md
Name of person giving information	George Gross		How related to deceased			Father

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary

Acute Pneumonia

2 days

Immediate

Asthma

24 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

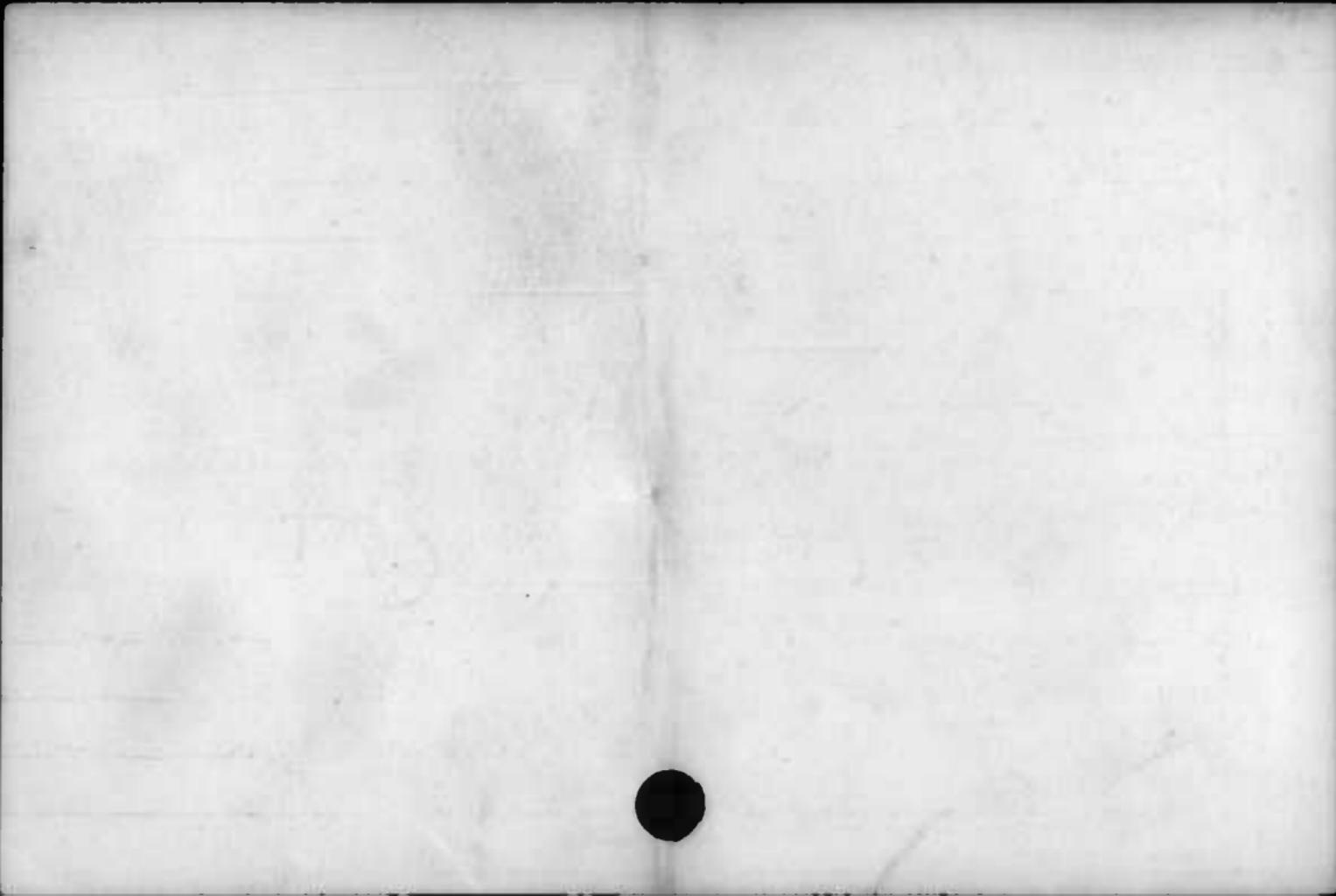
John E. Sausbury

Timonium

Md

Accident or Suicide?

neither



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

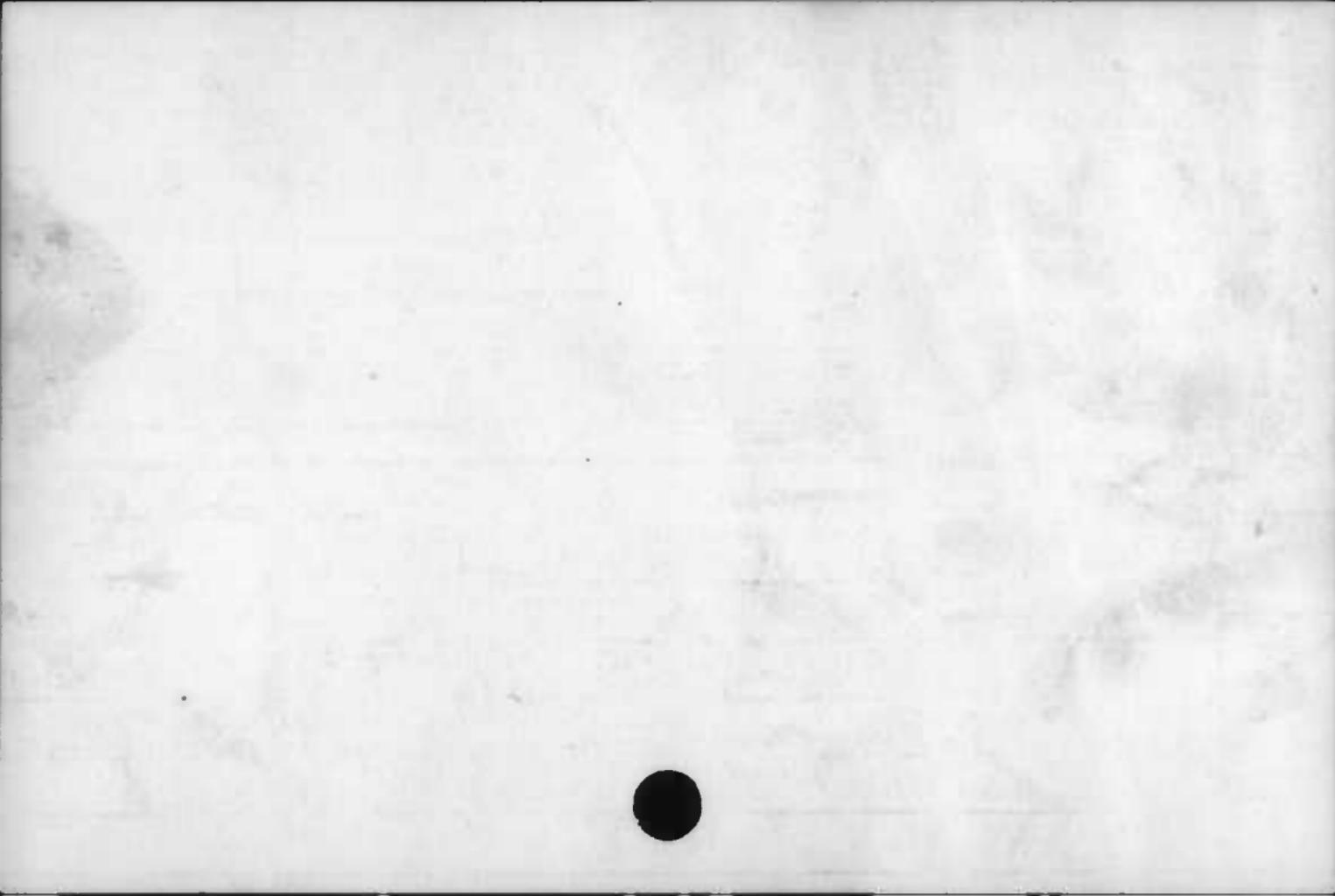
CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908	Month 12	Day 19	Years 1	Months 6	Days —	
Sex	male	Color or Race	Black	Birth- place	Md		
Occupation	none	Where Residing if not at place of death			Md		
Married, Single or Widowed	single	Name of Wife or Husband					
Father's Name	John Alfred Hall			Father's Birthplace	Md.		
Mother's Maiden Name	Rosa Wagon			Mother's Birthplace	Md.		
Name of person giving Information	John Alfred Hall			How related to deceased	Father.		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Measles &		8 How long	1 week
Immediate	Pneumonia		3 days How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John E. Saunders M.D.	
No		Address	Glenville Ogles Md.	
Accident or Suicide?				



Name  
in  
Full

Jesca Hammond

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at ~~701 Larutin~~ ~~Sacred Heart Georges~~ ~~Col~~  
Town

Date of death 1909 Month 1 Day 10 Age 76 Years - Months - Days -

Sex Female Color or Race White Birth-place Maryland

Occupation None Where Residing if not at place of death

Married, Single  
or Widowed

Name of Wife or Husband

Unknown

Father's Name

Unknown

Father's Birthplace

Unknown

Mother's Maiden Name

Unknown

Mother's Birthplace

Unknown

Name of person giving information

How related to deceased

None

CAUSES OF DEATH

Primary

Senile Dementia

154

How long

2 yrs

Immediate

Pulmonary Oedema

How long

34 hours

Are the name, age, sex, color, date and place correctly given above?

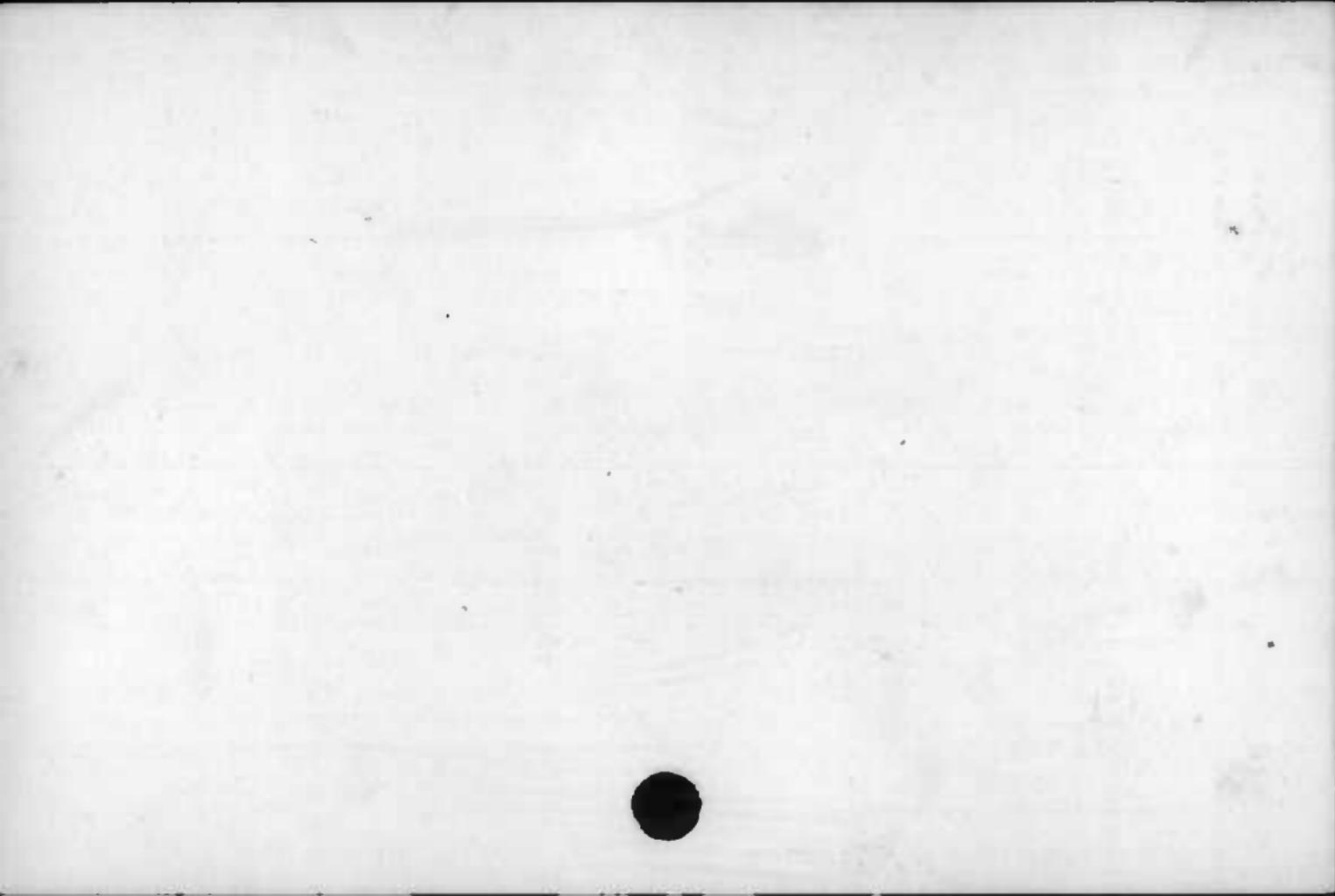
Signature of Physician

Address

Jesse Roggin  
Laurel  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

John Stanford Harley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Merriweather		County B. Geo		MARYLAND	
Date of death 1908 Dec 10	Month Dec	Day 10	Years Age 4	Month 2	Day
Sax Male	Color or Race Black	Birthplace —			
Occupation —	Where Residing if not at place of death —				
Married, Single or Widowed ✓	Name of Wife or Husband —				
Father's Name John W. Harley	Father's Birthplace A Geo Co				
Mother's Maiden Name Buster	Mother's Birthplace " " " Father				
Name of person giving Information John W. Harley	How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Gastritis

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide

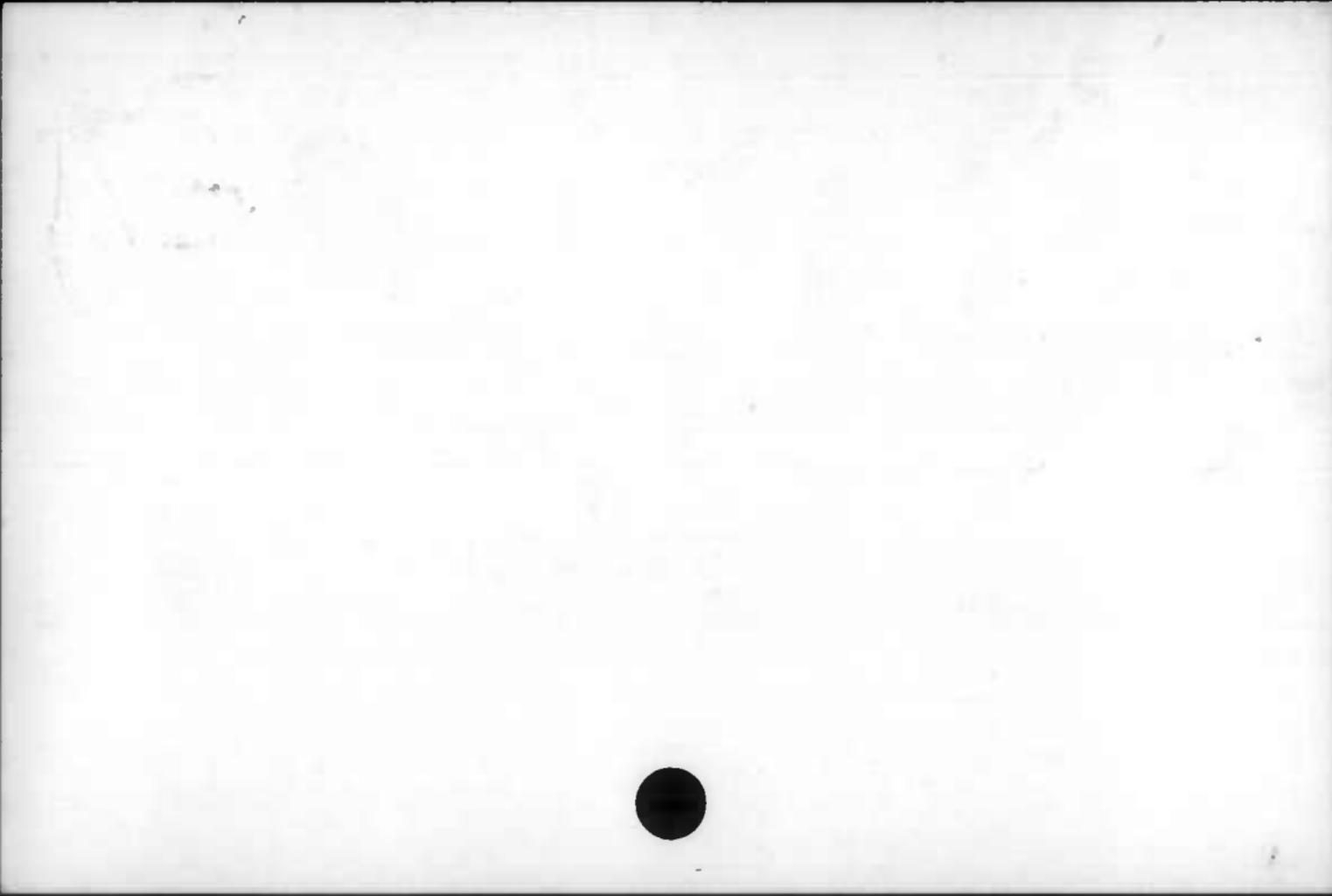
104

How long

How long

3 mos

H. Smith  
Upper Marlboro



Name  
in  
Full

Emma Carroll Bryan

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County			
Died at Marlboro	P.G.	MARYLAND		
Date of death 1908 Dec 15	Month	Day	Years	Months
Sex Female	Color or Race	Age 40	Deys	
Occupation Cook	Where Residing if not at place of death			
Married, Single or Widowed Married	Name of Wife or Husband	Alice Hudson		
Father's Name Buck Carroll	Father's Birthplace			Hudson
Mother's Maiden Name Unknown	Mother's Birthplace			Unknown
Name of person giving Information Alice Hudson	How related to deceased			Husband

CAUSES OF DEATH

20

How long

4 days -

PHYSICIAN  
OR CORONER

Primary

Septicemia

Immediate

Are the name, age, sex, color, date and place correctly given above?

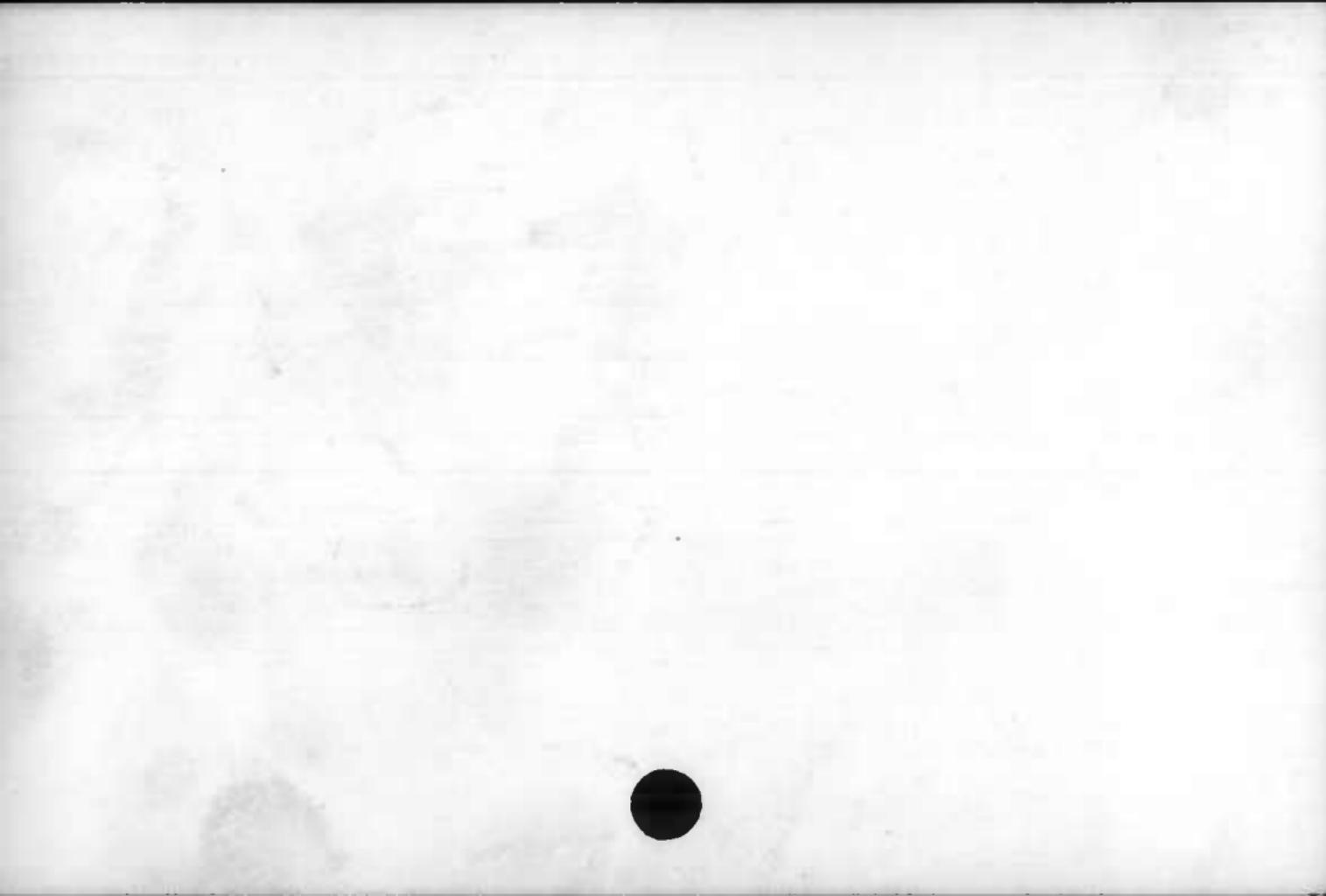
Signature of Physician

Address

Dr. Griffith

Upper Marlboro  
Md

Accident or Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

George Hible

Died at <u>Camp Springs</u> Town		<u>A.L.</u> County		MARYLAND	
Date of death <u>1908 Dec 6</u>	Month	Day	Age <u>67</u>	Years	Months
Sex <u>Male</u>	Color or Race <u>Beach</u>			Birth-place <u>bed.</u>	Days
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>George Hible</u>			<u>Force</u>	
Married, Separated or Widowed	Name of Wife or Husband <u>George Hible</u>			Father's Birthplace <u>bed</u>	
Father's Name	<u>Unknown</u>			Mother's Birthplace <u>bed</u>	
Mother's Maiden Name	<u>Unknown</u>			How related to deceased <u>Refused</u>	
Name of person giving information	<u>George Hible, physician</u>				

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary Orchitis -

Immediate Unknown

Are the name, age, sex, color, date and place correctly given above?

No physician.

Accident or Suicide?

Signature of Physician

Address

J. F. Leaming  
Collector



Name  
in  
Full *Infant of John L. & Hattie Holliday.*

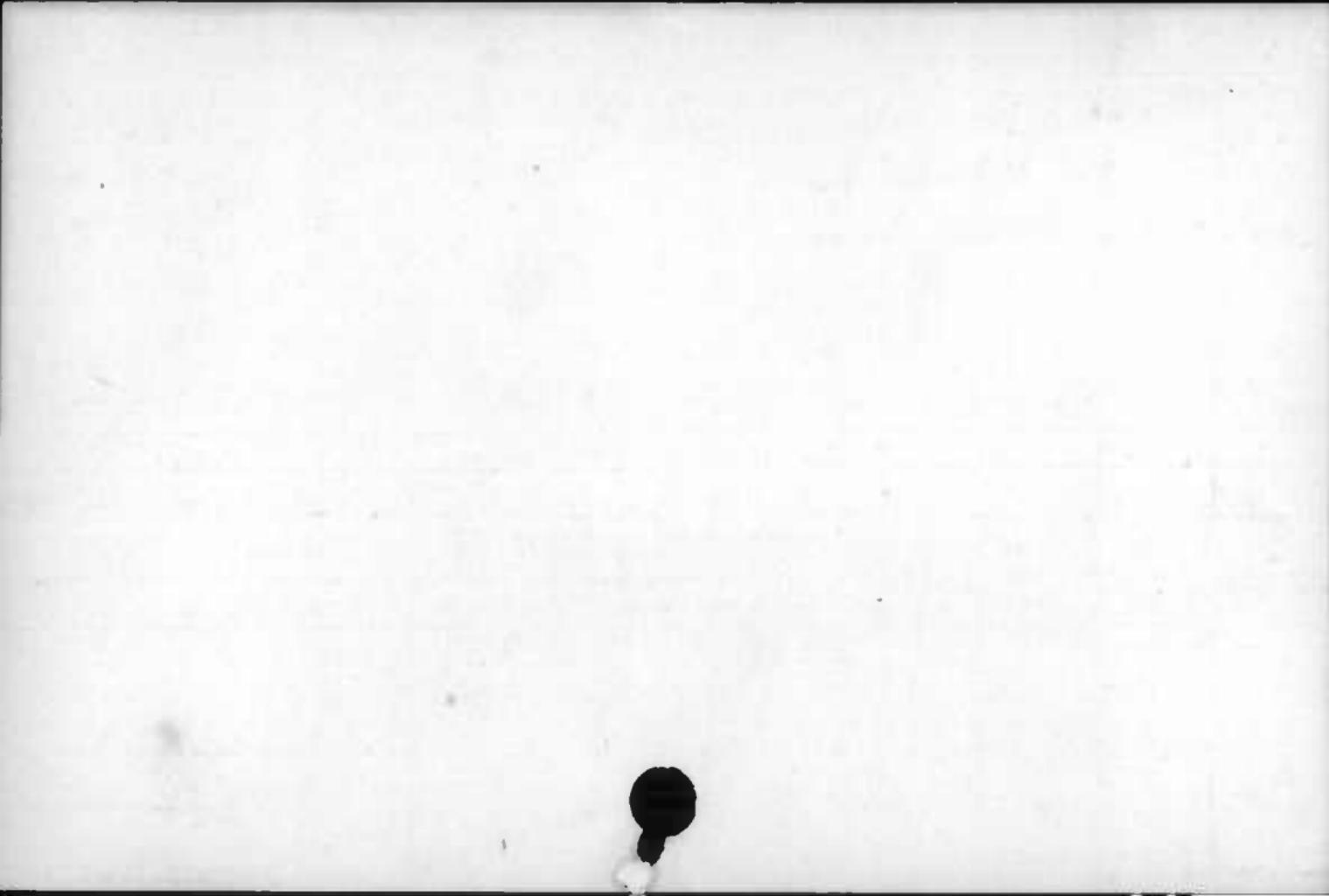
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dear Brandywine</i>		Town	County <i>Prince George's.</i>	MARYLAND	
Date of death <i>1908</i>	Month <i>12</i>	Day <i>12</i>	Age <i>Still-born</i>	Years	Months
Sex <i>female</i>	Color or Race <i>Colored</i>			Birth-place <i>Same Md.</i>	Days
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>John L. Holliday</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Hattie Greenleaf</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving Information <i>Edward B. Hawkins</i>			How related to deceased <i>Uncle.</i>		
CAUSES OF DEATH					
Primary	<i>Still-born</i>				
	8				
How long					
Immediate					
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i> Signature of <i>acting Coroner, William H. Quinn, Jr.</i> <i>Physician</i>				
Address	<i>Brandywine, Md.</i>				

PHYSICIAN  
OR CORONER

Accident or Suicide?



Elizabeth Johnson		County		CERTIFICATE OF DEATH	
Died at Bryndale		Bryndale		MARYLAND	
Date of death 1905 Dec	Month	Day	Years	Months	Days
Sex Female	Color or Race	Colored		Birth-place	Bryndale
Occupation	Where Residing if not at place of death				✓
Married, Single or Widowed ✓	Name of Wife or Husband ✓				
Father's Name Henry Johnson	Father's Birthplace MD				
Mother's Maiden Name Mary Green	Mother's Birthplace MD				
Name of person giving information Mary Green	How related to deceased Mother				

## CAUSES OF DEATH

108

Now long

8 hours

How long

"

Primary

Strangulation Hemia

Immediate

"

Are the name, age, sex, color, date and place correctly given above?

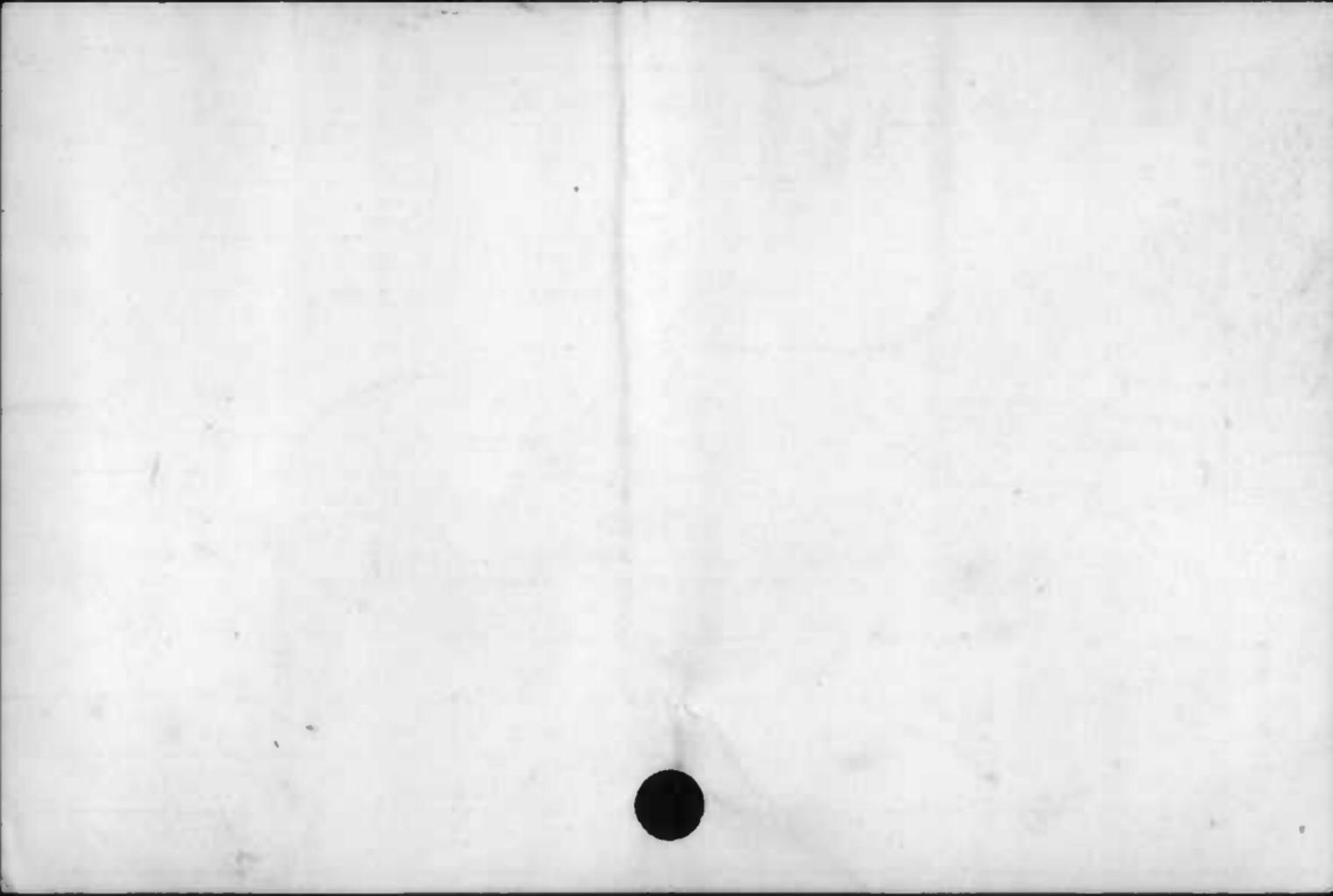
Signature of Physician

Address

Thos R. Palmer

Hyattsville

Accident or Suicide?



Name  
in  
Full

Mary Martha Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	Glendale		County	Prince George	
Died at	Month	Day	Age	Years	Months
Date of death	1905	Decemb	16	9	Month
Sex	Female	Color or Race	Colored	Birth-place	near Glendale
Occupation	infant		Where Residing if not at place of death	at home	
Married, Single or Widowed	Sing	Name of Wife or Husband	—		
Father's Name	Michael Jones		Father's Birthplace	Pr George!	
Mother's Maiden Name	Martha Robison		Mother's Birthplace	Pr George	
Name of person giving information	child Mother		How related to deceased	mother	

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary

Waste Impost Tussking

How long

3 Month

Immediate

Are the name, age, sex, color, date and place correctly given above?

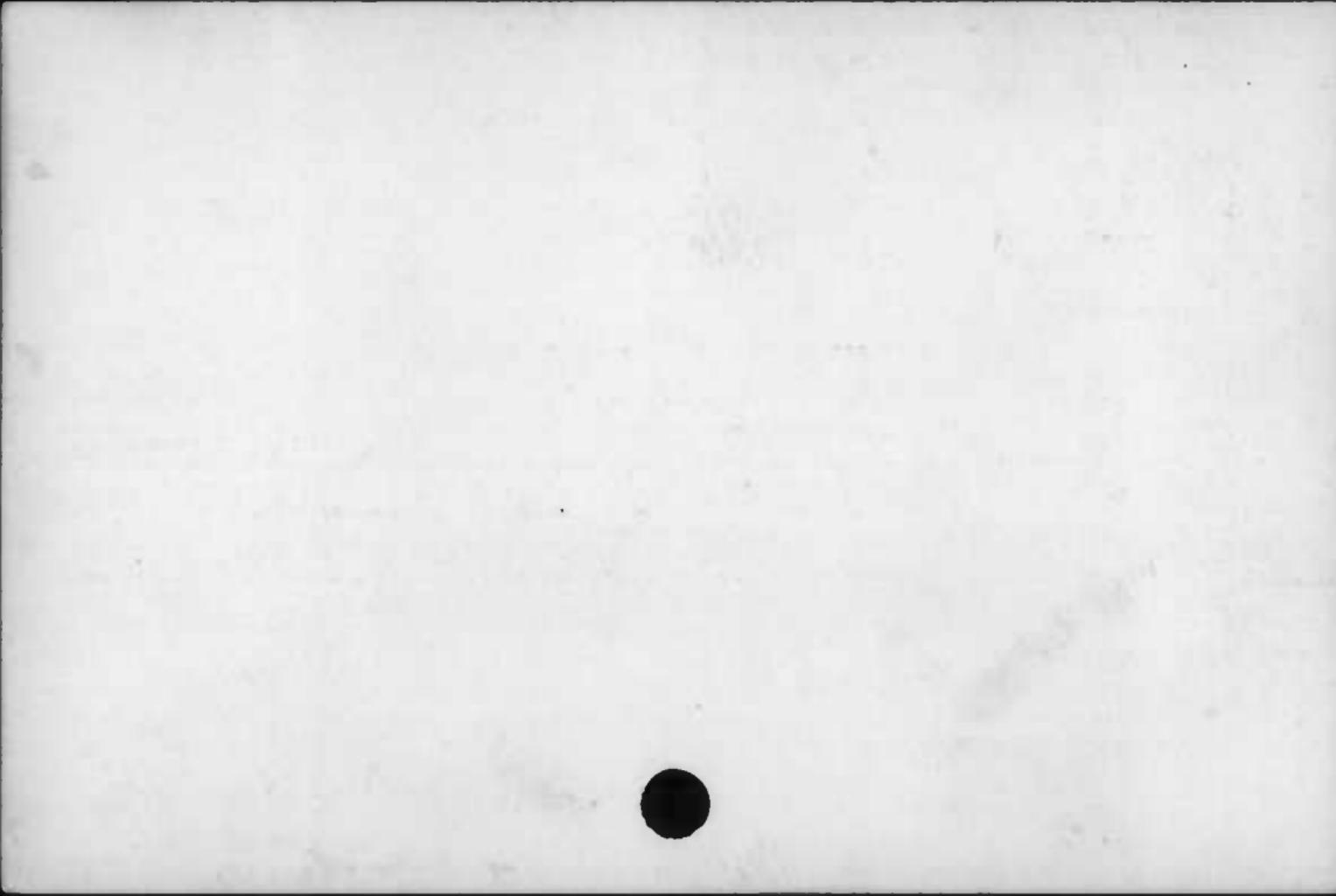
Yes

Signature of Physician

Address

Robert C. Biscoff  
Glendale Md

Accident or Suicide?



Name  
in  
Full

Frank S. Martin

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>New Glaz</u> <small>Town</small>		County <u>Puinee</u> <small>Ised.</small>		MARYLAND	
Date of death <u>1908 Dec.</u>	Month <u>Dec.</u>	Day <u>23</u>	Years <u>84</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Where Residing if not at place of death <u>New Glaz Md</u>		Birth-place <u>Maryland</u>	
Occupation <u>Farmer</u>	Name of Wife or Husband <u>Mary J. Martin</u>		Father's Name <u>Unknown</u>		Father's Birthplace <u>Unknown</u>
<u>Widowed</u>	Mother's Maiden Name <u>—</u>		Mother's Birthplace <u>—</u>		How related to deceased <u>Son</u>
Name of person giving Information <u>L. A. Martin</u>	CAUSES OF DEATH		154		How long <u>2 years</u>

PHYSICIAN  
OR CORONER

Primary Senile Debility

Immediate Asthenia

Are the name, age, sex, color, date and place correctly given above?

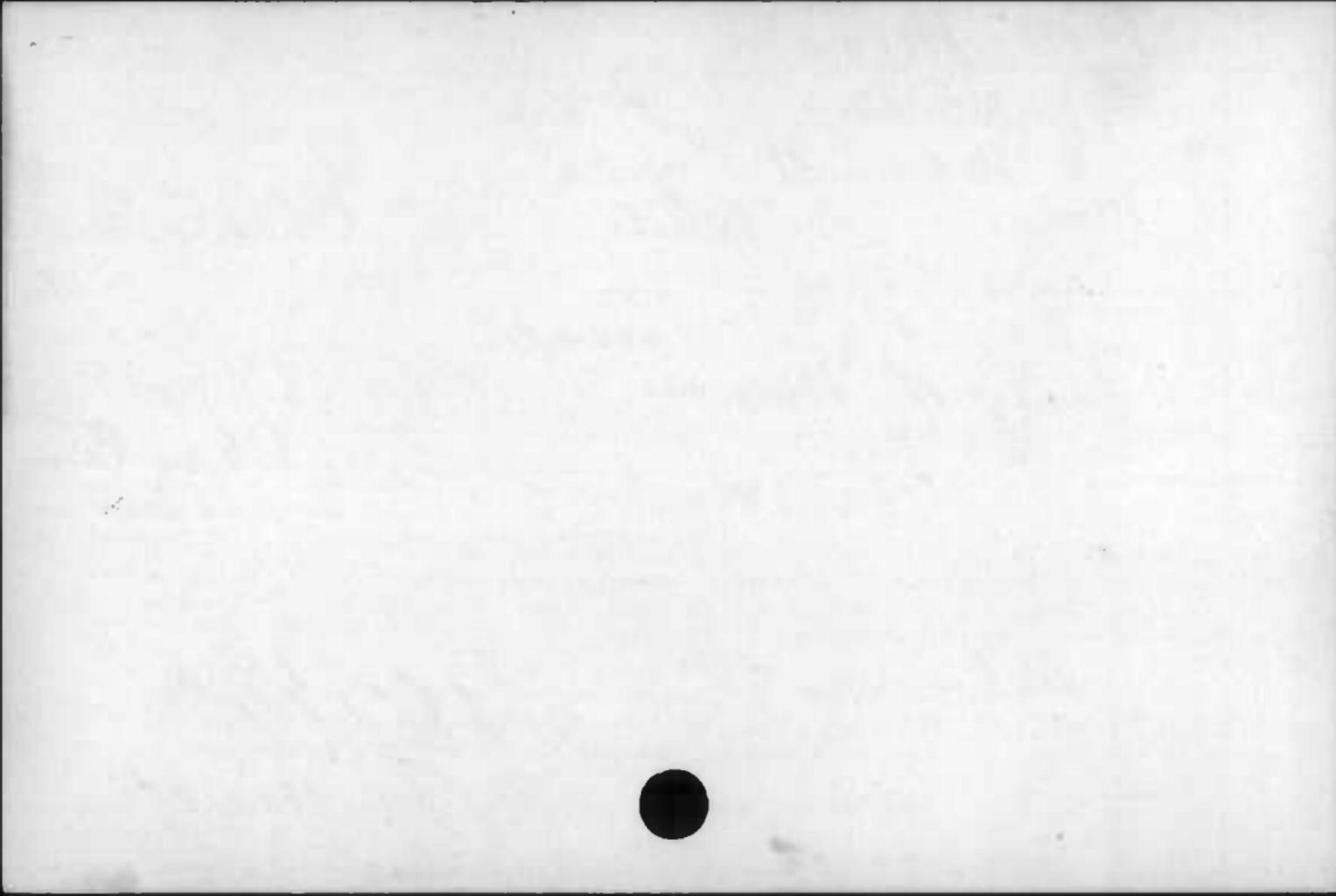
yes

Signature of Physician

Address

Dr. M. Parker M.D.  
Congress Heights  
St.

Accident or Suicide?



Name  
in  
Full

H. M. Moran

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Upper Mareboro.		R. Geo				
Date of death	Month	Day	Age	Years	Months	Days
1908	Feb	11	38			
Sex	Male	Color or Race	white		Birth-place	Ches Co. Md.
Occupation	General Carpenter		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Ball		Father's Birthplace	Ches Co. Md.
Father's Name	John H. Moran				Mother's Birthplace	Ches Co.
Mother's Maiden Name	La Marr				How related to deceased	Sister
Name of person giving information	Mrs Rend				How long	27

CAUSES OF DEATH

Primary

Immediate

Tuberculosis

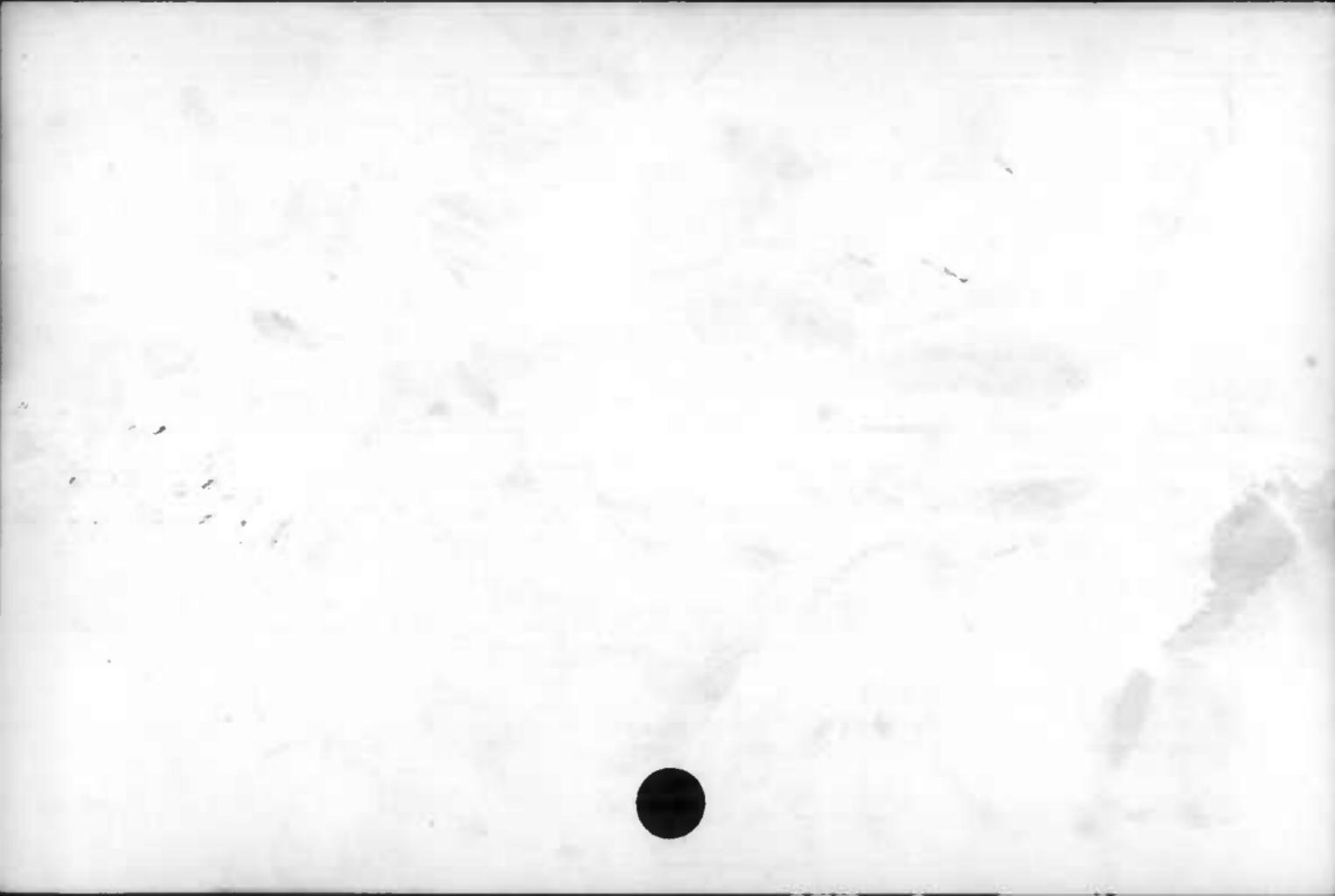
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

1891  
Upper Mareboro  
Md  
The patient came under my treatment 1 month ago







Name  
in  
Full

Annie Mueller

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Dakota Heights</u>		County <u>Prince George</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>Dec</u>	Day <u>24</u>	Age <u>73</u>	Years	Months <u>8</u>	Days <u>28</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Germany</u>				
Occupation <u>housewife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Rudolph Mueller</u>					
Father's Name <u>Rudolph Mueller</u>	Father's Birthplace <u>Germany</u>					
Mother's Maiden Name <u>Not Known</u>	Mother's Birthplace <u>not known</u>					
Name of person giving Information <u>Annie Widmer</u>	How related to deceased <u>Daughter</u>					
CAUSES OF DEATH						
Primary	Contracted Colds					
Immediate	How long <u>90</u> One week					

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

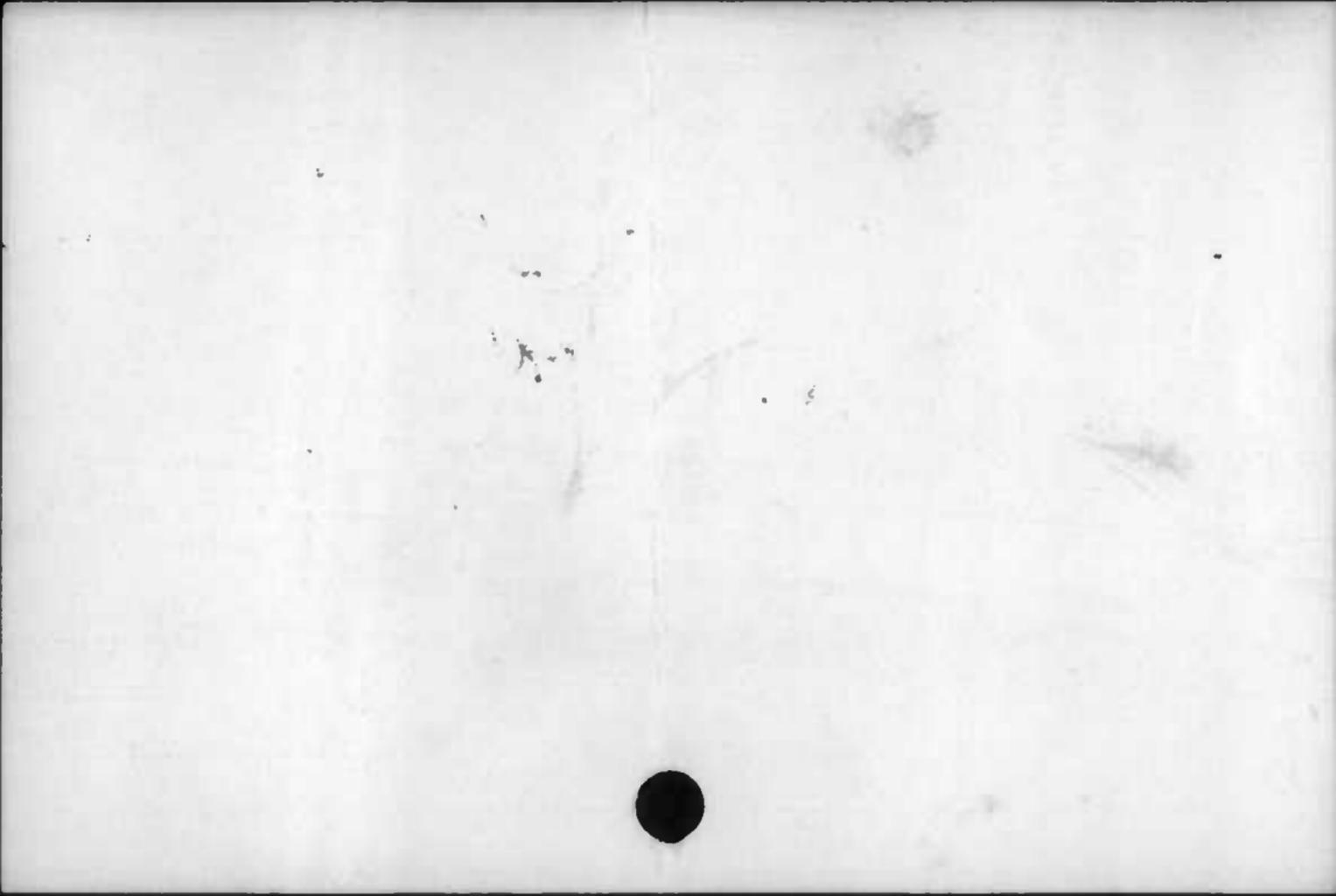
Signature of Physician

Address

Augustus H. Dahle  
Bladensburg 81  
Md.

Accident or Suicide?

Natural Cause



Name  
in  
Full

Infant not sapient Henry

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Town County MARYLAND  
Bowie Prince Georges

Date of death	Month	Day	Year	Months	Days
1908	Dec	17th	Age	—	25
Sex	Male	Color or Race	white	Birth-place	Bowie Md
Occupation	None	Where Residing if not at place of death			Bowie Md
Married, Single or Widowed	Single	Name of Wife or Husband	+	Father's Birthplace	Patuxent Md
Father's Name	Harry Henry			Mother's Birthplace	Lanier Md
Mother's Maiden Name	Laura Whithead			How related to deceased	not related
Name of person giving Information	R. Stewart				

CAUSES OF DEATH

Primary

Natural Causes

1908

++

Immediate

++

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

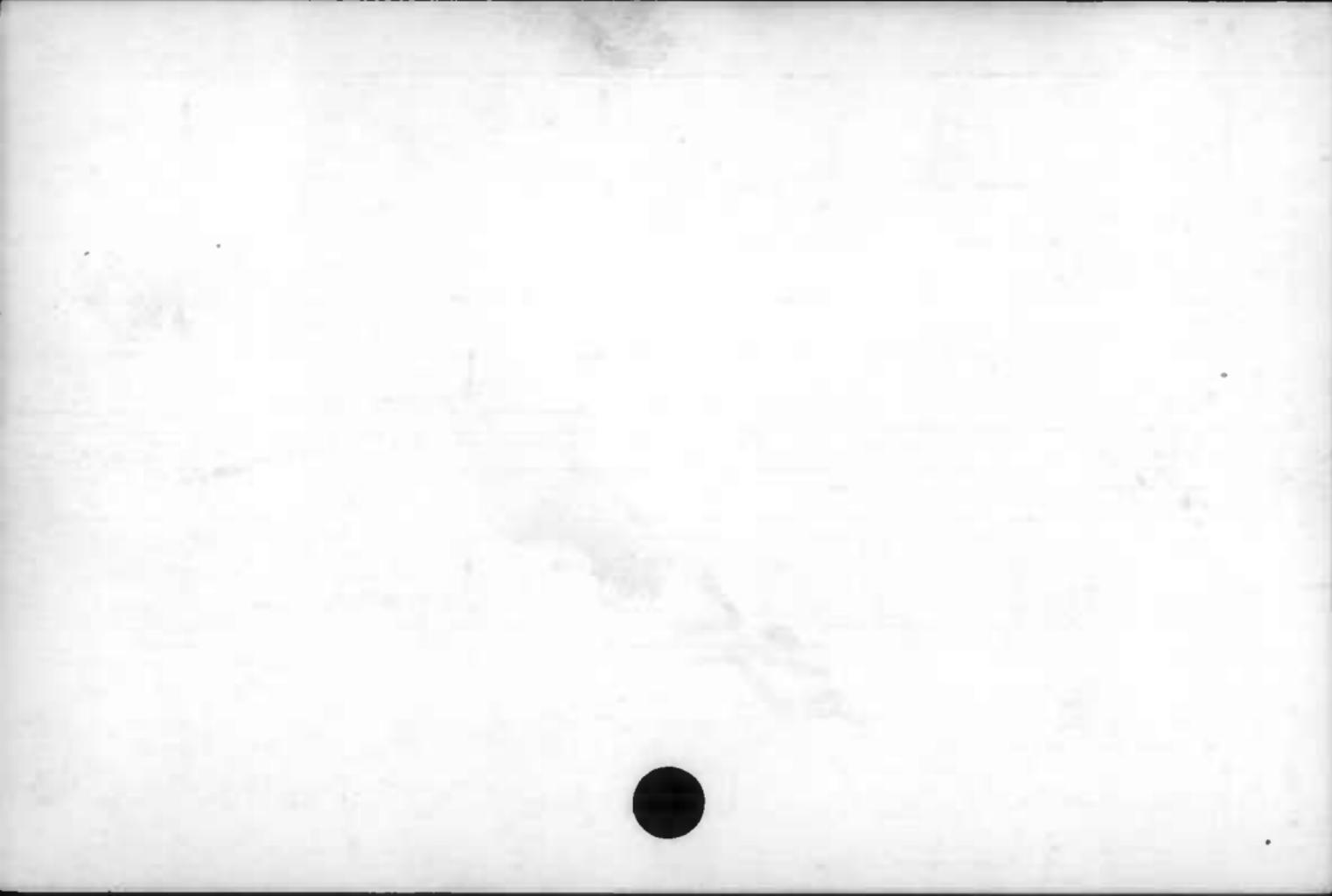
R. L. Mullin

Address

Collington Md  
acting Coroner

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Millie Nichols

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	P.G.	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Black		Birth-place	Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	widow	Name of Wife or Husband	Aaron Nichols			
Father's Name	Unknown			Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown	
Name of person giving Information	Scott Armstrong			How related to deceased	none	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

66

How long

5 yrs

Immediate

old age

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John Sausberg M.D.

Forestville

Accident or Suicide?

neither

Md



Name  
in  
Full

Sophia Nicholson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Bowie		County Anne George		MARYLAND	
Diad at	Month Dec	Day 29	Age 83	Montha	Days
Date of death 1908	Color or Rece	White	Birth- place	Mary land	
Sex Female	Occupation Housewife	Where Residing if not at place of death			
Married, Single or Widowed Widow	Name of Wife or Hubend Thomas	J. Nicholson			
Father's Name James Sandford	Father's Birthplace Virginia				
Mother's Meider Name Ellen Clark	Mother'a Birthplace Mary land				
Name of person giving Information J. J. Nicholson	How related to deceaead Son				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long

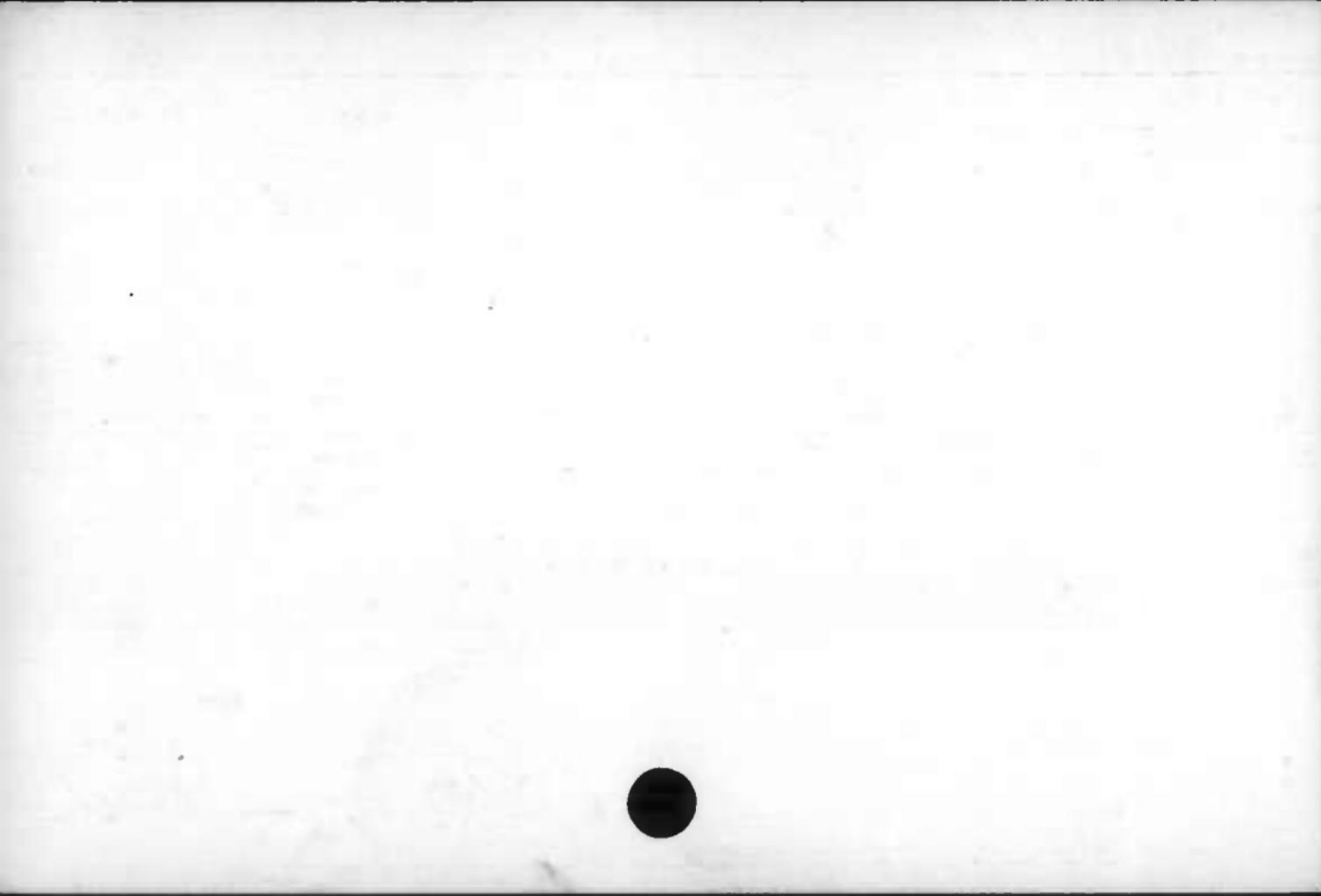
Are the name, age, aex, color, date  
end place correctly given above ?

Signature of  
Physiclen

Address

R. L. Mulligan Jr  
Collegiate Hall

Accident or Suicide



Name  
in  
Full

Peter An Novik

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Prince George		County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Male	Color or Race	White Norwegian	Birth-place	Christians Norway		
Occupation	Instructor at M.A.C.		Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Dont know		Father's Birthplace	Norway			
Mother's Maiden Name	dont know		Mother's Birthplace	Norway			
Name of person giving information	John Douglas Wade		How related to deceased	Friend			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Killed by him on 1908 R.R.

166

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes,

Signature of Physician

Arthur, Curr Curr

Address

Hylattville M-4

Accident or suicide?



Name  
in  
Full

Amelia E. Shaw

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month December	Day 15	Years 48	Months 2	Days 18
Sex	Female	Color or Race	White	Birth-Place	Laurel, Md.	
Occupation	Housewife		Where Residing if not at place of death	at home		
Married, Single or Widowed	Married	Name of Wife or Husband	Thos. D. B. Shaw			
Father's Name	Thos. L. Fairall		Father's Birthplace	Md.		
Mother's Maiden Name	Maria A. Baldwin		Mother's Birthplace	Md.		
Name of person giving information	Wm. A. Fairall		How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cardiac. trouble

79

How long

Immediate

10 minutes

How long

Are the name, age, sex, color, date and place correctly given above?

yes

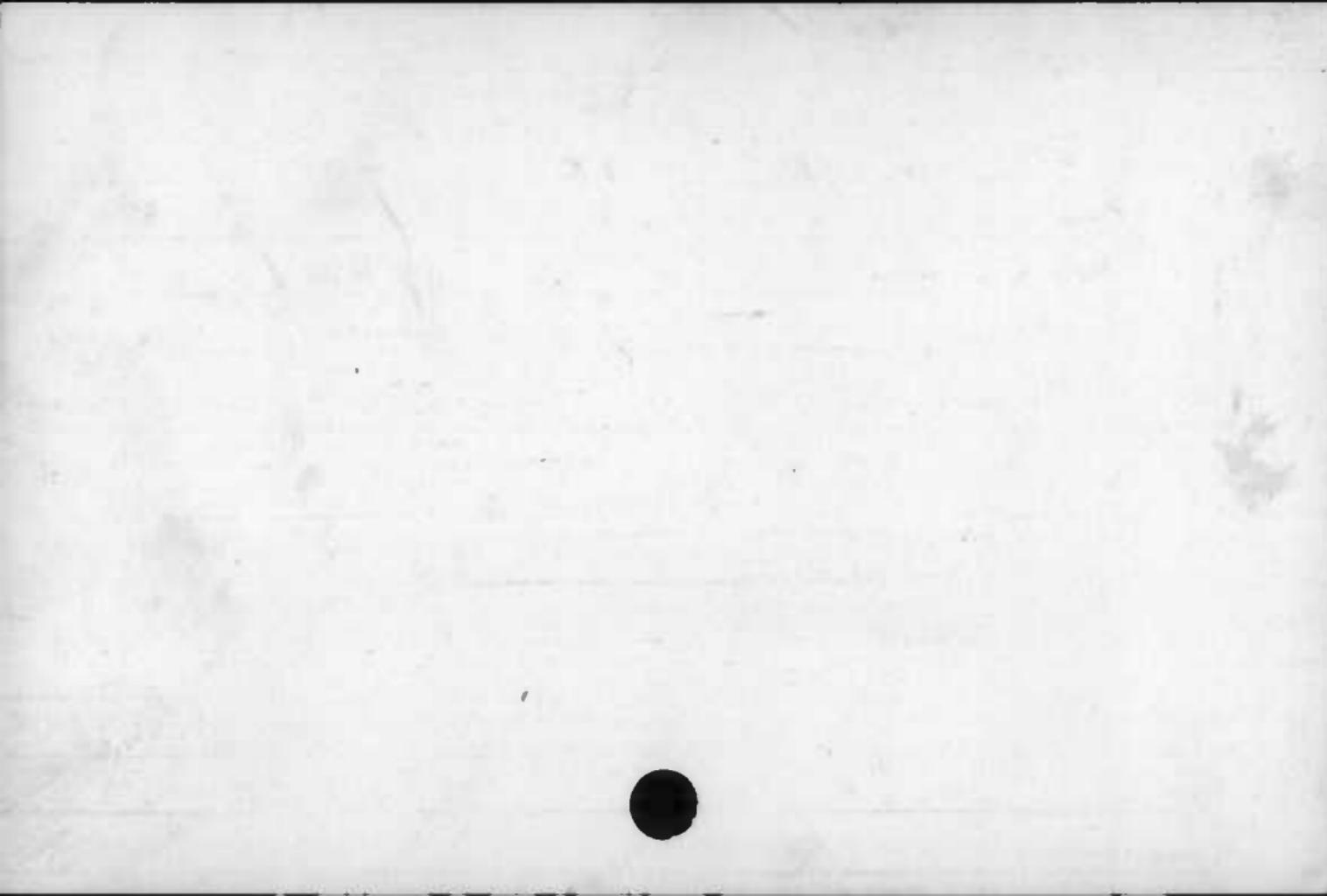
Signature of Physician

Address

Th. Ryer  
Laurel, Md.

Accident or Suicide?

yes



Name  
in  
Full

Buster P. Sweeney

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	12	17	—	7	—
Sex	Color or Race	Age	Birth-place		
Male	White	—	D.C.		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Lake P. Sweeney				
Mother's Maiden Name	Laura Fitch				
Name of person giving information	Lake P. Sweeney				
Father's Birthplace	Md.				
Mother's Birthplace	D.C.				
How related to deceased	Relative				

CAUSES OF DEATH

179

How long

3 mo-

How long

Primary

Malignant

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

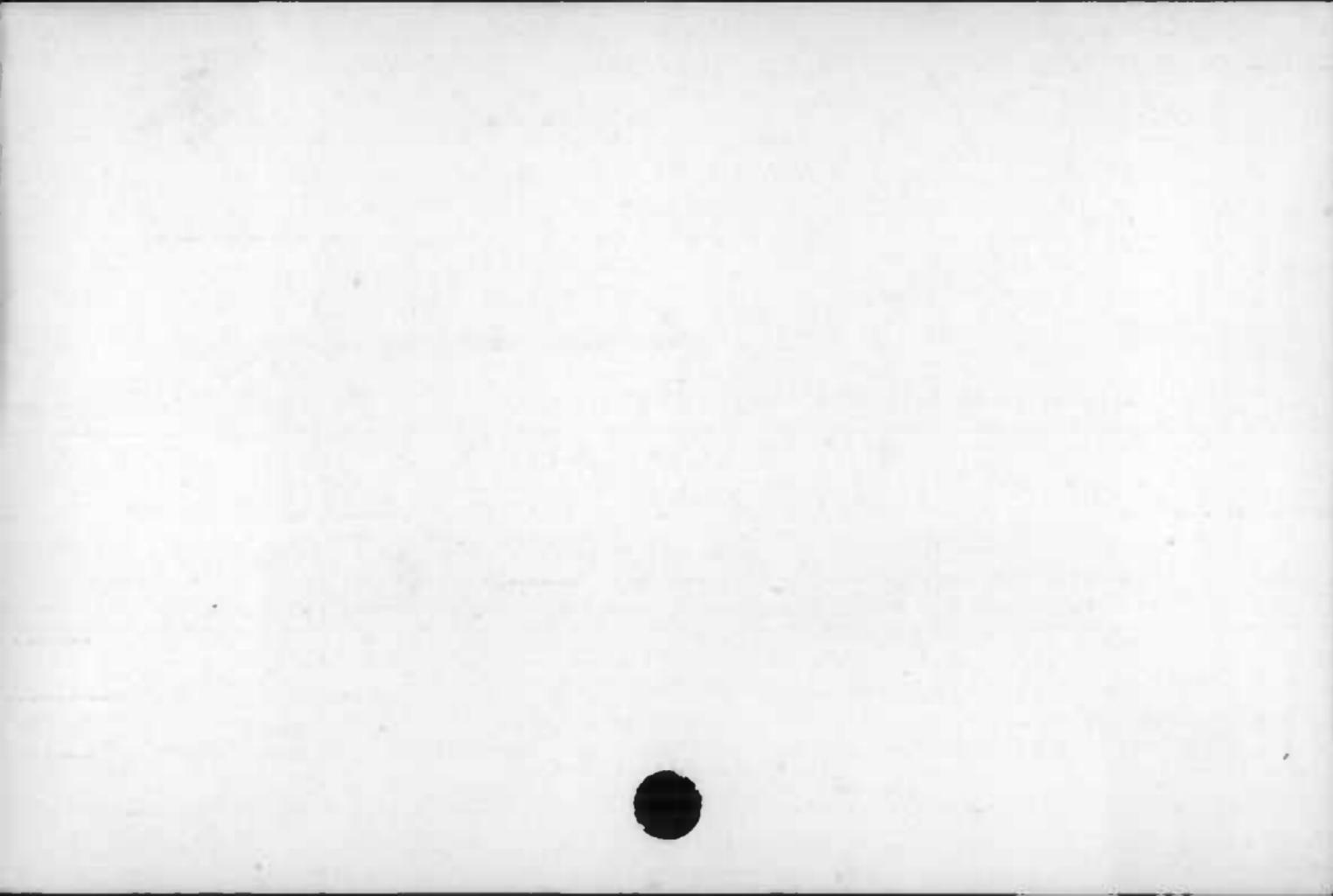
Signature of Physician

Address

E.P. Simpson M.D.  
Rosecroft Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Robt - Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at  
Marlboro

Month Day

County  
Prince George's

MARYLAND

Date  
of death 1908 Dec 11

Years Months

Days

Age 28

Sex Male

Color or  
Race White

Birth-  
place Prince George's

Occupation

None

Where Residing if not  
at place of death

Married, Single  
Married

Married

Name of Wife or  
Husband

Indiana Carr  
~~Sarah E. Taylor~~

Father's  
Name

John R. Taylor

Father's  
Birthplace

Oakland Co

Mother's  
Maiden Name

Sarah Roswell

Mother's  
Birthplace

Calvert Co

Name of person giving  
Information

John R. Taylor

How related  
to deceased

Father

10

How long

Not known

How long

Not known

CAUSES OF DEATH

Primary

Influenza

Immediate

Pulmonary Hemorrhage 1 hour

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide

MacLean Saville MD  
West River Md

PHYSICIAN  
OR CORONER



Name  
in  
Full

Robert Matt Tunt.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died of	1908	Month	Day	Years	Months	Days	
Sex	male	Color or Race	white	Age	15	1	
Occupation	none	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband	✓				
Father's Name	John Sylvester Tunt	Father's Birthplace					
Mother's Maiden Name	Lou Tunt	Mother's Birthplace					
Name of person giving information	John S. Tunt	How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Diabetes Mellitus

How long

20 years.

Immediate

Coma

How long

3 days.

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

Mr. Saunders  
512 E. Capitol St.,  
Washington, D. C.

Accident or Suicide?



Name  
in  
Full

Bettie West

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Invitland</u>		Town <u>P. S.</u>	County	MARYLAND		
Date of death <u>1908</u>	Month <u>12</u>	Day <u>25</u>	Years <u>42</u>	Age	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>				Birth-place <u>Da</u>	
Occupation <u>Housework</u>	Where Residing if not at place of death <u>A. M. West</u>					
Married, <u>Single</u>	Name of Wife or Husband					
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>					
Mother's Maiden Name <u>11</u>	Mother's Birthplace <u>11</u>					
Name of person giving Information	How related to deceased					

CAUSES OF DEATH

Primary Cerebral hemorrhage

64

How long

3 da

Immediate Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. A. Watson  
Anacostia D. C.

Accident or Suicide?



Name  
in  
Full

Ella Wood

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	Dec	16	Age 9	9	-	
Sex	Color or Race		Birth-place	Bowie Md.		
Female	Black					
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Single	-					
Father's Name	Wm. F. Bowie		Father's Birthplace	P.S. Co. Ind.		
Mother's Maiden Name	Mother Wood		Mother's Birthplace	P.G. Co. Ind.		
Name of person giving information	Ella Wood		How related to deceased	Sor Fair		

CAUSES OF DEATH

8

Primary

Whooping Cough

How long

8 weeks

Immediate

Signature of Physician

Address

Jessie Duvall M.D.  
Springfield Ind

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

No

